



DORSET COUNTY COUNCIL.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

T. W. STALLYBRASS, M.D., D.P.H.

FOR THE YEAR 1934.

JUNE, 1935.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(This information is included on the instructions of the Minister of Health).

Name.	Qualifications.
(1) <i>County Medical Officer of Health</i> :— STALLYBRASS, THEODORE WILLIAM	M.D., D.P.H., Barrister-at-Law.
(2) <i>Other whole-time Medical Officers</i> :— <i>Clinical Tuberculosis Officers</i> :— MANNING, HERBERT CAMPBELL CHALKE, HERBERT DAVIS <i>Assistant Clinical Tuberculosis Officer</i> :— SMITH, GRAHAM UDALL <i>Assistant County Medical Officers</i> :— WALTERS, ENID MARGARET EVANS, LEONORA SYBIL BELL, WILLIAM L. H. L. (<i>and County Oculist</i>) LYLE, WILLIAM F. (Do.)	M.R.C.S., L.R.C.P., D.P.H. (resigned 30/4/34) M.A., M.R.C.S., L.R.C.P., D.P.H. (commenced 1/5/34). M.B., D.P.H., D.T.M. M.B., B.S. M.R.C.S., L.R.C.P. M.R.C.S., L.R.C.P. (commenced 20th February, 1934). M.D., D.P.H., B.Sc. (commenced 1st March, 1934).
(3) <i>Part-time Medical Officers</i> :— <i>Orthopaedic Surgeon</i> :— FORRESTER-BROWN, MAUD FRANCES <i>X-Ray Treatment of Ringworm and Radiologist</i> :— MALPAS, DOUGLAS DUNCAN <i>Radiologists</i> :— HEATH, FRANCIS HAROLD RODIER PIMM, ALLAN <i>Consultant Oculists</i> :— ROSS, PERCY ALEXANDER COLLEY, THOMAS <i>Emergency Medical Officer, Dorset County Home</i> :— FOUNTAIN, EDWARD DANCE <i>Medical Officer, " Beckford " Home</i> :— BLACKLEY, HUMPHREY LEWIS	M.S., M.D. M.B., M.R.C.S. M.R.C.S., L.R.C.P. M.R.C.S., L.R.C.P. F.R.C.S. (Edin.), L.R.C.P. M.B., Ch.B., F.R.C.S. (Edin.). M.R.C.S., L.R.C.P. M.B., Ch.B.
(4) <i>County Nursing Superintendent</i> :— MACKINTOSH, Miss B. R., M.R. San. I., Fully Trained, C.M.B. Cert.	<i>Orthopaedic Sister</i> :— PRITCHARD, Miss DORA, C.S.M.M.G., M.E. (resigned 31st December, 1934). PATON, Miss E. H., c.s.m.m.g. (commenced 1st January, 1935)
<i>Health Visitors (Appointed by County Council)</i> :— BARKER, Miss M. H. ELLIOTT, Miss K. HODGE, Miss M. O'BRYEN SCOTT, Miss J. A.	Fully Trained Nurse, C.M.B. Certificate. Fully Trained Nurse, C.M.B. Certificate. Health Visitor's Certificate, C.M.B. Certificate. Health Visitor's Certificate, Fully Trained Nurse, C.M.B. Certificate.
<i>Health Visitors (Appointed by County Nursing Association)</i> :— EDWARDS, Miss A. KEOHANE, Miss M. SYKES, Miss M. SYMES, Miss M.	Fully Trained Nurse, C.M.B. Certificate and Health ditto Visitor's Certificate ditto ditto ditto ditto
(5) <i>School Nurses.</i> (As above). <i>Venereal Diseases Clinics (part-time Officers)</i> :— MANN, DR. E. W. SUMNER, DR. F. W. ARMITAGE, DR. J. J. HIBBERT, DR. J. COOTE FACEY, DR. W. E.	Dorchester Clinic. Dorchester Clinic. Salisbury Clinic. Yeovil Clinic. Boscombe Clinic.

(6) *Obstetric Consultants :—*
Specialist.

Name.
DR. D. A. MITCHELL, M.D., F.R.C.S. (Edin.)
DR. NICHOLSON-LAILEY, F.R.C.S.
DR. N. F. LOCK, F.R.C.S.
DR. J. J. ARMITAGE, M.R.C.S., L.R.C.P.
DR. R. GORDON LUKER, M.D., F.R.C.S.
(Edin.), M.R.C.P.

Address.
2, Gay Street, *Bath*.
2, Stepswater Terrace, Wellington Road, *Taunton*.
5, Barnfield Crescent, *Exeter*.
26, Endless Street, *Salisbury*.
"Stagsden," Westcliff Road, *Bournemouth*.

Local (Non-specialist) :—

DR. L. B. SCOTT, M.D., B.Ch.
DR. F. B. OLIPHANT, M.B., C.M.
DR. H. A. LAKE, M.D.
DR. T. RUSSELL STEVENS, F.R.C.S.
DR. F. W. SUMNER, M.D., F.R.C.S.
DR. H. F. LUMSDEN, M.B., B.Ch.
DR. P. N. COOK, M.B., B.S.
DR. J. C. A. NORMAN, M.R.C.S., L.R.C.P.
DR. J. MYLES CAIE, M.B., Ch.B.
DR. D. ARNOTT, M.B.
DR. T. MACCARTHY, M.R.C.S., L.R.C.P.
DR. JOHN WHITTINGDALE, M.B., F.R.C.S.
DR. B. S. HOLLICK, M.R.C.S., L.R.C.P.
DR. W. LESLIE BENNETT, M.B., Ch.B., F.R.C.S.
DR. D. W. DE JERSEY, M.B., M.R.C.S., L.R.C.P.
DR. R. L. HORTON, M.S., F.R.C.S.
DR. R. M. D. DEVEREUX, M.B., B.Ch., B.A.O.
DR. C. B. THOMSON, F.R.C.S.

Coupar House, *Blandford*.
Dorset House, *Bridport*.
The Yews, *Beaminster*.
West Walks, *Dorchester*.
The Gables, *Dorchester*.
Springfield, *Lyme Regis*.
Marven, Uplyme, *Lyme Regis*.
Hadleigh House, *Broadstone*.
Oaklands, *Shaftesbury*.
Oaklands, *Shaftesbury*.
Fermain House, *Sherborne*.
Wharton, *Sherborne*.
The Lindens, *Sturminster Newton*.
Ambala, High Street, *Swanage*.
Audley House, Burlington Road, *Swanage*.
2, Westerhall Road, *Weymouth*.
22, Trinity Road, *Weymouth*.
30, West Street, *Wimborne*.

(7) *Matrons of County Sanatoria :—*

DAVIS, Miss M. L. (Beckford Home). WILLARD, Mrs. L. (Dorchester).
GRIGGS, Miss R. (Dorset County Home). SWANN, Mrs. A. (Portland).

Subsidised Midwives (all with C.M.B. Certificates) :—

DODDS, Miss (West Moors).

School Dentists :—

PRETTY, PHILIP JOHN, L.D.S., R.C.S.
BRADLEY, STANLEY, L.D.S., R.C.S.

County Analyst :—

W. PARTRIDGE, F.I.C. } for period 1st
C. G. MOOR, M.A., F.I.C., F.C.S. } Jan. to 30th June
DR. R. P. CHARLES, M.D., F.I.C. (for period 1st
July to 31st December).

*Clerical Staff :—*MR. C. E. MATTHEWS, M.S.M. (Chief Clerk).

PUBLIC VACCINATORS.

Area. Name.

BLANDFORD.

Dr. Kenneth John Talbot Wilson.
Dr. Leonard Bodley Scott.
Dr. John Austral Fitton Storrs.
Dr. Stanley McCoull.
Dr. Alan Edward Staffurth.

SHAFTESBURY.

Dr. David Arnott.
Dr. Arthur Walker.
Dr. James Appleyard.
Dr. George Edmund Ellis.

SHERBORNE.

Dr. Thomas MacCarthy.
Dr. Stanley Stephens.
Dr. John Flasby Lawrence Whittingdale.

STURMINSTER.

Dr. William Pearson Richardson.
Dr. Bernard Septimus Hollick.
Dr. Donald John Munro.
Dr. Henley Hamlyn Moyle.

DORCHESTER.

Dr. Theodore Belchambres Broadway.
Dr. William Ernest Good.
Dr. Forbes Kinnear.
Dr. Humphrey Meigh Stephenson.
Dr. George Russell Wadsworth.
Dr. Ernest Edmund Dalton.

Area. Name.

WEYMOUTH.

Dr. James Brereton Barry.
Dr. Michael Joseph Saunders.
Dr. Maurice Clare Anderson.
Dr. John Alexander Pridham.
Dr. Ellis Hughes Parkinson.
Dr. George Russell Wadsworth.

POOLE.

Dr. William Bruce McQueen.
Dr. Sam Leslie Lord.
Dr. Alexander Stables.
Dr. Joseph Clement Arthur Norman.
Dr. Stanley Devine.

WAREHAM.

Dr. Alan Maitland Cunningham.
Dr. John Aubrey Snell.
Dr. John Austral Fitton Storrs.
Dr. Maurice Clare Anderson.
Dr. Godfrey Dru Drury.
Dr. William Arthur Rees.

WIMBORNE.

Dr. Bernard Rayne Parmiter.
Dr. Andrew Palethorpe Todd.
Dr. Kenneth Bleckley Clarke.
Dr. Stanley McCoull.

<i>Area.</i>	<i>Name.</i>
BEAMINSTER	
	Dr. Herbert Arnold Lake.
	Dr. Alfred Herbert James.
	Dr. Edward Roland Thompson.
	Dr. Robert Anthony Fawcus.

<i>Area.</i>	<i>Name.</i>
BRIDPORT.	
	Vacant (Dr. Allan Pimm—acting).
	Dr. Arthur George Chamberlain.
	Dr. Allan Pimm.
	Dr. Harry Foote Lumsden.

VACCINATION OFFICERS.

<i>Area.</i>	<i>Name.</i>
BLANDFORD.	
	Mr. B. A. S. Hicks.
SHAFTESBURY.	
	Mr. Lucius George Gibbs.
SHERBORNE.	
	Mr. D. F. C. Ballam.
STURMINSTER NEWTON.	
	Mr. Henry Thomas Johnson.
DORCHESTER.	
	Mr. William Henry Allsopp.
	Mr. Frederick James Kendall.
	Mr. William E. Richards.
	Mr. Eleazar Lauriston Greening.
WEYMOUTH.	
	Mr. Eleazar Lauriston Greening.

<i>Area.</i>	<i>Name.</i>
POOLE.	
	Mr. Leonard Fred. Athersych.
WAREHAM.	
	Mr. Harold William Cockbaine.
	Mr. William John Snelling.
WIMBORNE.	
	Mr. Harry Stacey.
	Mr. George F. C. Davidge.
BEAMINSTER.	
	Mr. Stanley William Gibbs.
BRIDPORT.	
	Mr. William Richard Randall.
	Mr. Arthur James Edwards.

Poor Law Medical Out-relief.

LIST OF MEDICAL DISTRICTS, GUARDIANS COMMITTEE AREAS AND NAMES OF MEDICAL OFFICERS.

<i>Guardians Committee.</i>	<i>Area Population.</i>	<i>Medical District.</i>	<i>Name of Medical Officer.</i>
Blandford ...	4199	No. 1 ...	Dr. K. J. T. Wilson.
do. ...	3554	No. 2 ...	Dr. D. Oliver.
do. ...	1926	No. 3 ...	Dr. A. E. Staffurth.
do. ...	974	No. 4 ...	Dr. J. A. Fitton Storrs.
do. ...	183	No. 5 ...	Dr. S. McCoull.
Shaftesbury ...	3854	Cann ...	Dr. D. Arnott.
do. ...		Institution ...	do.
do. ...	4970	Gillingham ...	Dr. A. Walker.
do. ...	1826	Fontmell Magna ...	Dr. J. Appleyard.
do. ...	808	Bourton ...	Dr. G. E. Ellis.
Sherborne ...	8123	Caundle Bishop ...	Dr. J. F. L. Whittingdale.
do. ...	1945	Bradford Abbas ...	Dr. T. MacCarthy.
do. ...	1535	Beer Hackett ...	Dr. S. Stephens.
Sturminster ...	1897	No. 1 ...	Dr. W. P. Richardson.
do. ...	813	No. 2 ...	Dr. B. S. Hollick.
do. ...	1294	No. 3 ...	Dr. D. J. Munro.
do. ...	1782	No. 4 ...	Dr. H. H. Moyle.
do. ...	2140	No. 5 ...	Dr. B. S. Hollick.
do. ...		Institution ...	do.
Dorchester ...	1231	Cerne Eastern ...	Dr. E. E. Dalton.
do. ...	2404	do. Western ...	do.
do. ...	293	do. No. 3 ...	Dr. F. Kinnear.
do. ...	363	do. No. 4 ...	Dr. A. H. James.
Dorchester ...	4830	Dorchester ...	Dr. T. B. Broadway.
do. ...		Institution ...	do.
do. ...	1677	Broadmayne ...	do.
do. ...	5200	Fordington ...	Dr. C. D. Day.
do. ...	3373	Charminster ...	Dr. W. E. Good.
do. (including Abbotsbury)	1675	Longbredy ...	Dr. G. Russell Wadsworth.
do. ...	1835	Puddletown ...	Dr. F. Kinnear.
do. ...	1654	Maiden Newton ...	Dr. H. M. Stephenson.

<i>Guardians Committee.</i>	<i>Area Population.</i>	<i>Medical District.</i>	<i>Name of Medical Officer.</i>
Weymouth ...	11050	Melcombe Regis ...	Dr. C. M. Forbes.
do. ...	11138	Weymouth ...	Dr. J. Brereton-Barry.
do. ...	4378	Wyke Regis ...	Dr. E. H. Parkinson.
do. ...	4917	Upwey ...	Dr. J. A. Pridham.
do. ...	12019	Portland ...	Dr. M. J. Saunders.
do. ...	399	Owermoigne ...	Dr. M. C. B. Anderson.
do. ...		Institution ...	Dr. R. L. Horton.
Poole ...	8627	Poole (part) ...	Dr. W. B. McQueen.
do. ...	4458	Poole (part) ...	Dr. S. L. Lord.
do. ...	12306	Poole (part) ...	Dr. A. I. Curr.
do. ...	2985	Canford ...	Dr. J. C. A. Norman.
do. ...	14515	Poole (part) ...	Dr. A. Stables.
do. ...	19409	Poole (part) ...	Dr. S. Devine.
do. ...		Institution ...	Dr. N. H. R. Hatfield.
Wareham ...	3058	Wareham (part) ...	Dr. A. M. Cunningham.
do. ...	2057	Wareham (part) ...	Dr. J. A. B. Snell.
do. ...		Institution ...	do.
do. ...	2542	Bere Regis ...	Dr. J. A. Fitton Storrs.
do. ...	5144	Winfrith ...	Dr. M. C. B. Anderson.
do. ...	1845	Corfe Castle ...	Dr. G. Dru Drury.
do. ...	8009	Swanage ...	Dr. W. A. Rees.
Wimborne ...	8265	No. 1 ...	Dr. B. R. Parmiter.
do. ...		Institution ...	do.
do. ...	6243	No. 2 ...	Dr. A. P. Todd.
do. ...	4510	No. 3 ...	Dr. K. B. Clarke.
do. ...	1521	No. 4 ...	Dr. S. McCoull.
do. ...	108	Almer ...	Dr. J. A. Fitton Storrs.
Beaminster ...	519	Marshwood ...	Dr. H. A. Lake.
do. ...	4620	Beaminster ...	do.
do. ...		Institution ...	do.
do. ...	520	Mosterton ...	Dr. E. R. Thompson.
do. ...	788	Thorncombe ...	Dr. R. A. Fawcus.
do. ...	1571	Ivershot ...	Dr. A. H. James.
Bridport ...	7738	Bridport ...	Dr. F. B. Oliphant.
do. ...		Institution ...	do.
do. ...	1560	Askerswell ...	Dr. Allan Pimm.
do. ...	1887	Charmouth ...	Dr. A. G. Chamberlain.
do. ...	1669	Allington ...	Dr. Alan Pimm (acting).
do. ...	2620	Lyme Regis ...	Dr. H. F. Lumsden.

VITAL STATISTICS. (See Tables I. and III.)

Area (acres) ...	622,843.
Population (estimated 1934) ...	243,400.
Rateable value for whole County, 1st April, 1934 ...	£1,582,669.
Estimated produce of a penny rate over the whole County, 1934-35 ...	£6,093.

Population. According to the estimates of the Registrar-General, the population of the County in 1934 was 243,400, an increase of 1,500 on the previous year. In the Urban Districts the population was 150,400. In the Rural Districts it was 93,000.

Birth-Rate. The number of live births registered in the County was 3,366, and the live birth rate was 3.8. The live birth-rate for England and Wales was 14.8.

Rates in previous decennium :—

Year ...	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Birth-rate ...	16.5	16.2	16.0	15.6	15.8	15.5	15.4	14.8	14.3	13.6

Death-Rate. The number of deaths registered in the County was 2,903, and the crude death rate was therefore 11.9. The death-rate for England and Wales was 11.8.

The corrected death-rates for the Urban and Rural Districts, taking into consideration the age and sex distribution of the population as shewn at the foot of Table I., are as follows :—

Urban Districts : 10.2. Rural Districts : 9.7.

Crude Death Rates in previous decennium :—

Year	...	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Death-rate	...	12.1	11.3	11.5	12.3	11.9	12.8	12.6	13.0	12.5	11.8

Chief Causes of Death. Heart Disease again heads the list as the chief individual cause of death at all ages. This is probably somewhat misleading, however, as out of the total of 699 under this heading, 519 occurred in persons over the age of 65 years.

Cancer is the second highest cause of death with 453 cases at all ages, of which, however, the great majority occurred in persons over the age of 55 years.

There was again a considerable decrease in the deaths from influenza which numbered 37 as against 90 last year, and 122 in 1932. Similarly the deaths from bronchitis and pneumonia show a slight decline as compared with last year.

Pulmonary Tuberculosis continues its steady decline with 101 deaths as compared with 107 in 1933.

Infantile Mortality. The number of deaths of infants under one year of age was 148. The infant death-rate is measured by the number of deaths per 1,000 live births. The number of live births in 1934 was 3,366, and the infant death-rate was therefore 43. The rate for England and Wales was 59.

Rates in previous decennium :—

Year	...	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Infantile Mortality		53	52	55	49	48	48	46	49	48	45

The Infant Death-rate for the County was 16 below that of England and Wales. The smaller districts shew a considerable variation in the rate from year to year, since one or two deaths make a great difference in the rate. There were no infant deaths in either the Lyme Regis Borough or the Shaftesbury Rural District, where there were 39 and 125 live births respectively.

Deaths among illegitimate infants. There was an increase in the number of illegitimate births in the County during the year, the total numbering 170 as against 138 in 1933. Of these, 158 were live births as against 130 last year, and 12 were still births as against 8 last year. The deaths among these illegitimate infants show no increase, being 13 for the whole County, which is the same number as last year with a death-rate of 82. Two of these deaths occurred in the Borough of Poole and the remainder in the County Area, exclusive of Poole and Weymouth.

Maternal Mortality. There was unfortunately a striking increase in the number of maternal deaths during the year the total being 18 as compared with 11 in 1933. Of these, 7 were due to puerperal sepsis and 11 from other puerperal causes. The main increase occurred in the Borough of Poole, where there were 7 maternal deaths as against 2 only in 1933. One death only occurred in the Borough of Weymouth, showing no increase, but in the remaining area of the County there were 10 maternal deaths as compared with 8 in 1933.

An endeavour is made to obtain reports on all these deaths as they occur and when these reports are reasonably complete they are forwarded to the Ministry of Health for perusal. Occasionally these deaths are not heard of until the Registrar General's Returns are received at the end of the year and in these cases, of course, no reports can be made. This is not satisfactory, and it may be necessary to obtain complete death returns regularly from the local registrars.

The administrative arrangements in the County for dealing with this question seem reasonably complete and are described in detail elsewhere.

Rates during past seven years —

				1928	1929	1930	1931	1932	1933	1934
Whole County	...	...	...	5.2	4.3	5.4	4.6	2.8	3.1	5.1
County Area (excluding Poole and Weymouth Boroughs)	...	...	...	4.9	4.4	4.9	3.2	2.1	3.7	4.7

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Local Government Act, 1933. Section 111 of this Act requires arrangements to be made for securing that every Medical Officer of Health subsequently appointed for a County District shall be restricted by the terms of his employment from engaging in private practice as a Medical Practitioner. During the year a Scheme was formulated to this effect and has since received the approval of the Minister of Health.

The effect will be felt very shortly as there are numerous general practitioners in the County who only hold temporary appointments as Medical Officers of Health from year to year, and the scheme will mean a re-organisation of work as, except in the case of the Boroughs of Poole and Weymouth, all new officers appointed will also be Assistant County Medical Officers and responsible for carrying out some of the County Medical Services in their respective areas.

Laboratory Facilities. The establishment of a laboratory at Bournemouth by Dr. R. P. Charles, who was appointed County Analyst on 1st July, 1934, has provided welcome additional facilities within a reasonable distance of the County. Pathological specimens are usually sent to the Lister Institute or to the Salisbury Infirmary, with the exception of V.D. specimens, which are sent to the Hampshire County Laboratory, at Winchester, and specimens of sputa for examination for Tubercle bacilli which are sent to the County Dispensary at Poole.

Use is also made of the laboratory of the Medical Officer of Health of Poole at the Municipal Offices, and grateful thanks are due to Dr. Horne for permitting the Clinical Tuberculosis Officer to use his laboratory for the purpose of culturing Tubercle bacilli in an attempt that is being made to differentiate the human and bovine types of the bacillus in patients suffering from tuberculosis. This work is of extreme interest and likely to increase in future.

Ambulance Facilities. The ambulance service of the County appears to be reasonably adequate throughout in the case of infectious diseases, and this is also so in the case of accidents, with the exception of the Wimborne and Wareham areas. In both of these areas an ambulance has to be obtained from Poole and this might occasion considerable delay. It is understood that the question of the provision of an ambulance in these areas is under consideration.

There would not appear to be any restriction on an ambulance proceeding from the area of one authority unto that of another, and therefore no sick person should ever have to be changed from one ambulance to another en route.

Provision of Midwives and Home Nursing. There is no change in the Midwifery Services of the County which have been reported on in previous years. Although the County Council make no specific grant for Home Nursing, nevertheless, the Grants for Midwifery enables many district Nursing Associations to continue and new ones to be formed, and their nurses undertake the nursing of sick persons in their homes. Efforts are continually being made by the Dorset County Nursing Association to form District Associations in the few parishes that still remain unprovided for in the way of midwives. Of 282 parishes in the County, 252 are provided with midwives through the County Nursing Association.

Clinics and Treatment Centres. A change occurred in the clinic arrangements for the treatment of venereal disease as a result of the closure of the Port Sanitary Hospital at Wyke Regis, on the 31st December, 1933, and also in the general work of the Tuberculosis Dispensaries. These changes are fully described under their respective headings.

Hospitals, Public and Voluntary. It is not believed that any shortage of hospital beds exists throughout the County with the possible exception of those in the Poole Area, where the demand for this accommodation is increasing.

Payment to Honorary Staffs of Hospitals.

A notable development during the year has been the request on the part of the Governing Bodies of the Voluntary Hospitals in the County for the payment of 25% of the full maintenance costs for the services of the Honorary Medical and Surgical Staffs for the treatment of those cases of non-pulmonary tuberculosis in the hospitals for whom the County Council accept financial responsibility. The principle was conceded in the case of the Weymouth and District Hospital a few years ago, in view of which it was necessary to further concede it in the case of the other hospitals. The total cost of these patients in the general hospitals will be increased by considerably more than 25% in view of the fact that full maintenance costs would not appear to have been paid in the past. As reported previously the treatment of these patients in general hospitals has never been considered entirely satisfactory. The length of stay in hospital often varies from one to three years or more and in many cases special orthopaedic treatment is required and is not available. Coincident with the extension of this principle of payment the whole question of the treatment of these patients was reviewed on a purely medical basis and as reported later it has been since decided to admit these patients in the main to the Beckford Home, Warminster, where it is believed that the cost of maintenance will not greatly exceed what has been paid in the past, and where all patients will be under the supervision of an Orthopaedic Surgeon.

Medical and Dental Treatment of Police.

The medical and dental treatment of members of the Dorset County Constabulary have been dealt with during the year by a scheme of which the following are the main features :—

- (1) A scale of charges payable to medical practitioners for attendance and medicine.
- (2) *Specialised Treatment.* For cases requiring advice or treatment not coming within the scope of a Medical practitioner of ordinary competence and skill, the detailed accounts to be rendered to the Chief Constable, comprising such reasonable and proper charges as are usual for the services performed, which, subject to the approval of the County Medical Officer for the time being, be paid by the Standing Joint Committee. In any case of dispute the matter to be determined by the County Medical Officer, the Chairman of the Local Division of the British Medical Association and an independent third person, to be agreed between these two Officials, with the approval of the Chairman of the Standing Joint Committee for the time being. Provided that no double charge per patient in respect of the same period shall be made under this clause and clause 12 of the Scheme.
- (3) *Hospital Treatment.* Admission and treatment at the various County Hospitals at inclusive rates for maintenance either in an ordinary bed in the case of constables or in private wards in the case of the Chief Constable or other officers, together with 25% over and above these charges for the services of the Medical and Surgical Staff where such addition is required to be paid by the Governing Body of the hospital concerned.
- (4) The Police Surgeon at his discretion to have the right of entry and inspection of police cases under treatment.
- (5) *Dental Treatment.* Dentists to be paid in accordance with the Scale approved under the National Health Insurance Regulations, provided that no dental treatment is to be provided until the Police Surgeon has certified to the Chief Constable that the provision of such treatment, or supply of dentures, is necessary for the man's health and continued efficiency in the Police service, and that the necessity does not arise from his own neglect or default.
- (6) The scheme to be subject to review or termination following three calendar months' notice in writing.

MATERNITY AND CHILD WELFARE.

The scheme for Maternity and Child Welfare was adopted in 1916, and since 1915 there has been a marked fall in the infantile mortality in the area of the County covered by the County scheme, which excludes the Poole and Weymouth Boroughs.

Infantile Mortality in area covered by County Scheme, 1915-1934 :—

Year	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Infantile Death-rate	77	61	65	57	61	54	46	54	59	51	44	54	46	47	49	43	49	42	44	46

This rate is 13 below that for England and Wales.

Notifications and Registration of Births in County Area during 1934 :—

Number of Births Registered (including still births)—Legitimate 2012 Illegitimate 108 Total 2120
 Number of Births Notified— Live Births 1922 Stillbirths 71 Total 1993

The number of Births notified by Midwives was 1,388, by Doctors and Parents 605, and particulars are also obtained from the Registrar's returns of births registered but not notified.

Infant Deaths—Legitimate ... 84 Illegitimate 11 Total 95

The *Maternal Deaths* numbered 10, as compared with 8 last year, giving a rate of 4.7 deaths per 1,000 births. There were three deaths from puerperal sepsis, the others being due to other puerperal causes.

Infant Visiting during 1934.

No. of Infants reported on, born during 1934 ... 1716
 Total number of Infants visited during 1934 (under 1 year of age) ... 3313
 Total number of Visits to Infants do. ... 19561
 Average number of Visits to each Infant do. ... 5.9
 Total number of Visits to children between the ages of 1 and 5 years ... 11935

(Note.—193 infants were not reported on for various reasons :—Left district, over rental limit, objections to visits).

Maternity and Child Welfare Centres.

The attendances at the Centres during the year ended 31st December, 1934, were as follows:—

Name of Centre.	Date of opening.	Total number of attendances of Children.		Total number of attendances for first time during year.		Total number who attended during year and who at the end of the year were		No. of times Centre opened.
		Under 1 yr. of age.	Between 1-5 yrs. of age.	Under 1 yr. of age.	Between 1-5 yrs. of age.	Under 1 yr. of age.	Between 1-5 yrs. of age.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Beaminster ...	Oct., 1917	257	421	21	7	20	63	50
Bere Regis ...	Dec., 1929	174	250	14	—	8	46	24
Blandford ...	Aug., 1918	232	203	24	6	24	50	24
*Bridport ...	Jan., 1920	757	473	58	6	47	86	51
*Dorchester ...	Apr., 1919	972	833	98	41	76	154	51
Gillingham ...	Jan., 1921	106	250	15	7	11	31	45
Lyme Regis ...	May, 1918	255	417	11	2	6	36	50
*Portland (Tophill)	Nov., 1929	631	643	43	43	31	78	51
*Portland (Underhill)	June, 1929	399	273	29	22	23	38	50
Sherborne ...	Oct., 1918	560	671	44	6	35	58	48
*Swanage ...	Dec., 1920	715	936	55	42	49	134	51
Wareham ...	Apr., 1923	747	948	52	18	76	127	52
Wimborne ...	Oct., 1929	596	1290	55	24	44	124	51
		6401	7608	519	224	450	1025	598

23.4% of the Births notified attended at a Child Welfare Centre.

* County Council Centres. The others are Voluntary Centres receiving a grant in aid.

The Assistant Medical Officers attend at all Centres, with the exception of those at Bere Regis, Blandford and Gillingham, which are attended by local Medical Practitioners.

Administration of the Midwives Acts.

The number of Certified Midwives on the County Register at the end of the year was 121. All of these have been certified by examination and are as follows :—

(a) Subsidised ... 3
 (b) Employed by Voluntary Associations ... 93
 (c) Independent *Midwives ... 10
 (d) In Public Assistance Institutions ... 7
 (e) Residing outside the County ... 8

The number of cases attended by midwives during the year were as follows :—

(a) As midwives	...	...	...	...	...	896
(b) As maternity nurses	...	...	...	...	...	657

The notifications received during 1934 were as follows :—

Of sending for medical help	...	...	...	...	...	371
Of still-birth	...	...	...	...	...	16
Of death of mother	...	...	...	...	...	3
Of death of child	...	...	...	...	...	12
Of laying out of dead	...	...	...	...	...	42
Of liability to be a source of infection	...	...	...	...	...	38
Of artificial feeding	...	...	...	...	...	30
Of disinfection	...	...	...	...	...	83

During the year the County Nursing Superintendent was appointed Supervisor of Midwives to carry out the inspection of all midwives in the County under the direction of the County Medical Officer. Hitherto only those midwives who were employed by District Nursing Associations were inspected by the County Nursing Superintendent, the remaining midwives being inspected by Assistant Medical Officers. It is considered that this duty can in the first instance be done more satisfactorily by one who is herself a trained midwife. During the year 210 visits of inspection were made and the condition of clothing, instruments and appliances reported upon.

Ante-Natal Clinics.

The County is well covered by these clinics, with the exception of the north-east corner of the County, where, however, the provision of a clinic at the Shaftesbury Hospital has now been approved. It is hoped that this clinic will be opened during 1935, and will be attended by the Medical Officer of Health for the District, who is also a general practitioner and a surgeon on the staff of the hospital. Where the general practitioners in a town are all in partnership it seems reasonable that the ante-natal work should be in their hands as much as possible as it is they who are called out to the confinements in the case of emergencies.

The Ante-Natal Clinic at Wareham has also for this reason been transferred during the current year to one of the local practitioners, all of whom are in partnership.

The attendances at Ante-Natal Clinics during the year ended 31st December, 1934, were as follows :—

<i>Name of Clinic.</i> (1)	<i>Total number of attendances during year.</i> (2)	<i>Number of Expectant Mothers who attended.</i> (3)	<i>Number of times Clinic opened.</i> (4)
Beamister ...	48	22	13
Blandford ...	43	21	11
Bridport ...	119	37	25
Dorchester ...	196	88	28
Portland (Tophill) ...	144	50	24
Swanage ...	97	26	24
Sherborne ...	53	26	13
Wareham ...	133	48	25
Wimborne ...	103	28	25
	<u>936</u>	<u>346</u>	<u>188</u>

17.4% of the women who were confined during the year attended at the Ante-Natal Clinics.

Ante-Natal Examinations by General Practitioners.

This scheme applies to those uninsured women who have engaged midwives for their confinements and are unable to attend an ante-natal clinic. Started in 1932, progress was at first very slow, but by means of talks to the midwives and considerable correspondence with the doctors the scheme now seems to be developing satisfactorily.

The scheme includes compensation to the midwife for loss of fees as a result of a patient being admitted to hospital for confinement as a result of ante-natal examination recommended and arranged by her. This really only applies to a small number of independent midwives as those employed by the County Nursing Association are on a salary basis and do not suffer any loss of fees.

It is recommended that examination should take place about the 16th and 32nd weeks of pregnancy, but in practice the former examination is seldom possible as midwives have rarely been booked at such an early date, but doubtless this will improve as time goes on and the scheme becomes more widely known.

During 1933 only 55 women were examined in this way, but in 1934 the number rose to 127 and in 1935 this latter number has already been reached approximately in the first six months of the year.

Obstetric Consultants.

Increasing use is being made of the Specialist and Non-Specialist Consultants available throughout the County. During the year 15 applications for their services were received and duly authorised.

Maternity Beds.

There is no difficulty in obtaining the admission of maternity patients to beds in hospitals when required and the number admitted during the year to the various hospitals are shown in the table below :—

<i>Name of Hospital.</i>	<i>No. Admitted.</i>	<i>Average Length of Stay.</i>
Weymouth and District	8	18.7 days.
Dorset County	31	17.4 "
Cornelia Hospital, Poole	21	19.0 "
Salisbury Infirmary	7	20.7 "
Yeatman Hospital, Sherborne	6	16.0 "
Royal Victoria Hospital, Bournemouth	1	18.0 "
Totals	74	18.3 "

Dental Treatment.

Dental treatment is available for expectant mothers and for those nursing mothers who are in attendance at Infant Welfare Centres, on the recommendation of the Medical Officer of the Centre. During the year 103 such women availed themselves of this service.

The early dental treatment of expectant mothers who are suffering from dental caries and oral sepsis is considered to be most important in the reduction of maternal mortality and the investigation of maternal deaths disclosed in too many cases the presence of oral sepsis untreated prior to the confinement.

Infant Life Protection.

The following table summarises the position for the 12 months ended the 31st December, 1934 :—

No. of children on Register on 1st January, 1934	...	...	...	...	79
No. of new children received during year	...	...	...	...	56
No. of removals from Register during year	...	...	...	...	54
No. of children on Register on 31st December, 1934	...	...	...	...	81
No. of Reports made by Infant Life Protection Visitors during year	...	...	...	...	357

During the year it was necessary in one case to obtain a Justices' Order under Section 67 of the Children and Young Persons Act, 1932, to remove an infant from the care of its foster-mother as a result of imminent danger to its health and well-being.

Hospital Treatment.

Eighteen children under 5 years of age received hospital treatment under the Welfare Scheme during the year. Thirteen of these were admitted for orthopaedic treatment to the Bath and Wessex Hospital or the Children's Hospital at Swanage, and 5 were admitted for other ailments. The liaison established between these two hospitals and referred to last year has been most satisfactory. The same orthopaedic surgeon has charge of the Dorset children in both hospitals and there is free interchange of these children between the hospitals as may be necessary.

Orthopaedic Treatment.

Under the Orthopaedic Scheme, the County Clinics are utilized for the examination and treatment of children under 5 years of age and patients of all ages suffering from non-pulmonary tuberculosis of an orthopaedic nature in addition to those patients for whom the Public Assistance or Education Committees may be responsible. During 1935 it has been decided to open a further Surgeon's Clinic quarterly at Sherborne to serve the north of the County. These patients have previously attended Somerset and Wiltshire clinics at Yeovil and Salisbury. The full scheme for the County now comprises a monthly Surgeon's Clinic at Dorchester, with quarterly Surgeon's Clinics in addition at Weymouth, Bridport, Wimborne and Sherborne. Sister's Clinics are held either weekly or fortnightly at these centres with additional clinics also at Blandford, Wareham, Swanage and Portland.

The attendances at the Orthopaedic Clinics during the year were as follows :—

	CASES.								ATTENDANCES.							
	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.	Education Committee.		Public Health Committee.		Public Assistance Ctee.	Weymouth Borough.		Total.
	Elem.	Higher	C.W.	Tub.		Edu.	C.W.		Elem.	Higher	C.W.	Tub.		Edu.	C.W.	
Surgeon.																
Bridport ...	34	1	15	1	—	—	—	51	52	1	28	4	—	—	—	85
Dorchester ...	76	17	51	21	5	8	2	180	128	25	96	38	9	11	2	309
Salisbury ...	7	3	2	—	—	—	—	12	12	3	5	—	—	—	—	20
Weymouth ...	13	3	9	4	3	—	—	32	14	4	12	8	4	—	—	42
Wimborne ...	29	5	15	2	—	—	—	51	50	6	28	3	—	—	—	87
Yeovil ...	18	2	12	2	1	—	—	35	28	2	21	2	1	—	—	54
	*167	31	*93	*22	9	8	2	*332	284	41	190	55	14	11	2	597
Sister.																
Blandford ...	21	—	6	—	—	—	—	27	136	—	27	—	—	—	—	163
Bridport ...	34	2	19	1	—	—	—	56	218	7	109	39	—	—	—	373
Dorchester ...	45	6	34	5	2	—	—	92	331	15	283	24	33	—	—	686
Bland ...	16	—	12	—	—	—	—	28	151	—	109	—	—	—	—	260
Salisbury ...	5	—	1	—	—	—	—	6	8	—	10	—	—	—	—	18
Wimborne ...	16	1	10	1	1	—	—	29	98	3	72	4	3	—	—	180
Swanage ...	8	3	3	—	—	—	—	14	47	11	36	—	—	—	—	94
Wareham ...	16	1	7	—	—	—	—	24	106	3	44	—	—	—	—	153
Weymouth ...	1	6	1	6	—	—	—	14	4	22	1	20	—	—	—	47
Wimborne ...	27	4	12	2	1	—	—	46	141	12	68	12	2	—	—	235
Yeovil ...	—	—	1	—	—	—	—	1	—	—	1	—	—	—	—	1
	*185	23	*98	15	4	—	—	*325	1240	73	760	99	38	—	—	2210

*After allowance is made for cases attending more than one clinic.

Maternity and Nursing Homes.

In the County Area on the 1st April, 1935, there were eight registered Nursing Homes and two registered Maternity Homes. These homes are periodically inspected by the County Medical Staff. Ten Hospitals in the County Area were granted exemption certificates (renewable annually) in accordance with Section 6 of the Act. Poole and Weymouth Corporations have delegated powers under the Nursing Homes Registration Act, 1927

WATER SUPPLY.

The following reports from the County Districts have been received :—

Boroughs and Urban Districts.

“ **Poole.** The main water supply for the district is provided by the Corporation Waterworks at Corfe Mullen, about 6 miles N.W. of the Town. A section of the population, occupying about 2,500 houses at the East end of the Borough, and about 120 houses at Canford Magna is supplied from the reservoirs of the Bourne-mouth Gas and Water Company

Three-and-a-half miles of new distributing mains have been laid during the year.

Rural Districts.

Beaminster. During the year the Beaminster Water Supply was augmented by collecting additional springs into the reservoir. Beaminster has now an excellent supply and there is little fear of its failing.

In spite of the abnormal drought which prevailed over the whole country during the last two years, the Water Supplies in the district on the whole were satisfactory. There was shortage in one or two villages, and at Solway Ash the Council overcame this by deepening two of the wells in the village with most satisfactory results. While this work was in progress the Council arranged for the conveyance of water from Beaminster to Solway Ash.

During the year several samples of water were analysed and found to be satisfactory.

Dorchester. During the year there was shortage at Owermoigne, Dewlish, Godmanstone, Langton Herring, Buckland Newton, Puddletown, Piddlehinton, Piddletrenthide, Cerne Abbas, Charminster, Chesilborne, Stratton, Winterborne Abbas, Steepleton and Martinstown. For a short period water had to be hauled to Godmanstone.

The work of laying pipes for supplying Charminster and Dewlish was commenced during the latter part of the year and a piped supply for the village of Cattistock was completed.

Twenty-two parishes have a piped water supply. In some cases the supply is private and only supplies a part of the village. The chief supply is an undertaking at Maiden Newton and Frome Vauchurch by this Council, and the supply to Chickerell from Weymouth Borough.

Shaftesbury. *Boyne Hollow—No. 1 Scheme.* The Council has practically completed the No. 1 Scheme for Water Supply to the parishes of Cann, Melbury Abbas, Stour Provost, Todber, West Orchard, East Orchard, and Margaret Marsh.

Boyne Hollow—No. 2 Scheme. Preliminary proposals have been adopted by the Council for extending the Boyne Hollow water to Compton Abbas, Fontmell Magna and Iwerne Minster.

Generally speaking, if the Boyne Hollow No. 2 Scheme matures, the Council, taking the total rateable value of the respective twenty parishes of the district as the basis, will have satisfied the needs of 97½% of the rural district. The remaining 2½% represented by West Stour and Sutton Waldron have not indicated any desire for a piped water supply.

There is no periodical control by either bacteriological or chemical analysis of the Council's water supplies, but a fair number of samples are taken as circumstances call for them. I have no doubt the Council will make any requisite arrangements when water administration is generally reviewed.

Sherborne. The past year has been spent in considering the public water supply, and in formulating several new schemes. No actual new supply has been finished during the year, but plans were submitted for a supply to Adber, Beerhackett, Sandford Orcas, Purse Caundle, Caundle Marsh and Folke. Sites were visited, bore-holes were made, samples taken and analyses considered, and finally the site at Rowbarrow Farm, Adber, was approved. The quality of the water was good, the supply of water being estimated at five times the estimated need, and this was taken during the dry summer. The bacteriological examination was satisfactory. This will supply Adber and Sandford Orcas. Another bore-hole was investigated at Tut Hill, but this investigation has not yet been completed. If found satisfactory this will supply Purse Caundle, Caundle Marsh and Folke, including the waterless area of Bishop's Down, which has been a debated problem for so many years. This water has been analysed and has been found bacteriologically and chemically satisfactory, but so far the quantity is questionable.

For Beerhackett a supply has been considered, derived from the Yeovil Corporation, under the Supply of Water in Bulk Act, 1934. It is the cheapest way of supplying this district, and there is no question of adequacy.

A further arrangement has been made with the same Authority to extend their main to Brister End and Ryme Intrinsica at Yetminster, under arrangements which are satisfactory to the Council.

The provision of water for Thornford is unsatisfactory, it is derived from a piped supply which yields about five gallons per head per day. It would appear that at the source a considerable amount of water is available if adequate pumping be used. This is a private supply from a large Estate and efforts should be made by the Council to increase its efficiency.

During the year, other villages with a supply normally sufficient, were short, but the only very serious shortage experienced was in the areas in which the Council are considering proper supplies.

Sturminster. During the past year serious water shortage has occurred in various Parishes. In view of the fact that two comprehensive water schemes, one of which is already in hand, and the second is being prepared, have been devised by the Council, it is anticipated that the supply to the whole District will, in the near future, be adequate and wholesome.

Wareham. The Water Supply of the area is mainly through non-pipe supplies, that is, by means of public wells, private wells, and rain-water tanks. No illness has been brought to notice which could with certainty be attributed to this primitive method. In spite of two abnormally dry summers, the shortage of water has not been very marked, although there has been some shortage in most districts—especially Wool, Acton, Bere Regis, and Wareham St. Martin. Water was carted in the last named parish during 1934 ; as to this district, the Council has considered the extension of the pipe from Lytchett Minster. ”

DRAINAGE AND SEWERAGE.

The following are reports from various county districts :—

Boroughs and Urban Districts.

“ **Lyme Regis.** A comprehensive Scheme for bringing the sewerage of the whole Borough up-to-date has been prepared by a firm of engineers and is under consideration by the Ministry of Health.

Sherborne. The sewerage works are working satisfactorily. A large quantity of surface water finds its way into our drains.

A general Scheme for adequate surface water draining is required in order to obviate flooding and to delay as long as possible the duplication of the Sewerage Disposal Works.

If surface-water can be kept out of our Sewage drains a great deal of excessive strain on our Sewerage Works and the extra cost of and strain on our Pumping arrangements will be prevented.

A considered scheme spread over a number of years seems desirable. The Council has laid surface-water drains in parts of the town and is steadily going on with this work.

Rural Districts.

Beaminster. The sewage of Beaminster is still unsatisfactory, but what may be called the beginning of a Sewage system has been started at Pattle.

The River Brit has shown signs of pollution by a Beaminster Factory on several occasions. One now finds this stream, which one remembers as a good trout water, often resembling a milky drain.

Dorchester. There is no drainage scheme in this district, though, owing to the clay subsoil at Chickerell, a scheme for draining this village is urgently required.

Complaints were received regarding the pollution of the River Cerne, at Cerne Abbas, River Piddle at Piddlehinton, and the stream at Portesham.

The drainage system at Portesham was examined and tested and the w.c's., etc., of 12 premises were found to be discharging directly or indirectly into the stream.

Shaftesbury. Further small alterations have been made to the sewage disposal plant at Ham, Gillingham, but at times the plant is seriously overloaded. A systematic inspection was made by the Sanitary Inspector of the drainage arrangements at Iwerne Minster, as a result of which 72 out of 118 premises were found to be draining to surface water drains and eventually discharging into the stream at Chalk.

As a result of consideration of the above Report, a drainage scheme has been adopted by the Council and is being submitted to the Ministry of Health.

Sherborne. In a considerable area of the District the drainage and sewerage is unsatisfactory. The worst villages in this respect are Thornford, Trent, Bradford Abbas, Yetminster, Chetnole, and Purse Caundle.

In Thornford for many years conditions have been unsatisfactory. A scheme has been proposed between the Rural District Council and the County Council, which has been adopted. A sewer will now be laid down the whole length of the village with proper outfall and effluent works. This scheme will drain the whole of the village with the exception of about 7 houses.

In Trent, the drainage is under consideration. Three areas of the village are so badly provided for, that serious nuisances have arisen. A scheme should be devised which will satisfactorily drain the whole of the village.

In Bradford Abbas there is no proper drainage system at all. The drains discharge into ditches from which the effluent flows untreated into the river.

In Yetminster many of the small drains discharge into surface water channels which ultimately discharge into the river. The whole system is unsatisfactory, and it is time in this village which has the highest population of any in the District a proper scheme should be devised. This is especially desirable as the village has a piped water supply.

In Chetnole, much the same state of things exists, the drains discharging into the river. It is to be noted that the last three mentioned villages, Bradford Abbas, Yetminster and Chetnole, are all within three miles of one another and all engage at present in fouling this stream.

In Purse Caundle, very serious complaints have been received of the smell which results from a similar state of affairs. When the question of a proper water supply is settled, the Council would be well advised to give consideration to drainage and sewerage schemes.

Wareham. No improvement has been carried out during the year. There is still need for an up-to-date drainage system at Corfe Castle and Langton Matravers. ”

POLLUTION OF STREAMS.

Goathill. The pollution of the stream at Goathill in the Sherborne Rural District, by the effluent from the Glove Factories, situated in the Wincanton Rural District, Somerset, and with which the sewage disposal works at Milborne Port have been unable to cope efficiently, has been fully reported upon in previous years. Pollution has continued during 1934, but it is hoped that this will cease with the completion of new works for the disposal of the sewage.

Rivers Alan and Stour. Grave pollution of the River Alan by untreated sewage from the Wimborne Urban District, was reported during the year, and will, it is hoped, be dealt with in due course by the installation of a proper system of sewerage and disposal works. The question of a sewerage system was considered by the District Council in 1930, and subsequently lapsed, but the matter was brought to light again in 1934 by the submission from a resident of the area of a memorandum to the District Council and to the Ministry of Health describing grossly insanitary conditions, and in reply to an enquiry from the Ministry it was admitted by the District Council that the conditions described did substantially exist. The matter is of great importance in view of the rapidly developing adjacent areas, and the very large population involved.

Samples of water taken at a time when the river was in flood, after a considerable period of rain, fully confirmed the alleged pollution, and the County Analyst reported that in his opinion the river Alan is being heavily contaminated with fresh sewage at many points during its passage through Wimborne. The matter is still under consideration at the date of going to Press.

Stream at Iwerne Courtney. A complaint was received in June, 1934, from the Parish Council of Iwerne Courtney, in the Blandford Rural District, as to the state of the stream flowing through the village. This was investigated and it was found that gross pollution of the stream was occurring in the parish of Iwerne Minster, which is in the Shaftesbury Rural District, and the matter was therefore referred to that authority for further investigation and report. It was then found that a large majority of the houses in the parish were causing the pollution, 50% of the houses having drainage which connected either directly with road drains or the stream. The matter was considered by the District Council and it has since been decided to provide the village with a system of sewerage.

River Stour. Gross pollution of the River Stour, near Sturminster Newton, was reported in June, 1934, with destruction of the fish in the river. The matter was investigated by the District Medical Officer of Health, who reported to me that the pollution was probably due to an unusual discharge of whey from the Milk Factory in Sturminster Newton, owned by the Sturminster Newton and District Farmers Ltd. The Manager of the Factory was interviewed and gave an assurance that he would endeavour to prevent any serious pollution of the river in future and the matter is being kept under observation.

HOUSING (RURAL WORKERS) ACTS, 1926 and 1931.

The following is a summary of the applications dealt with to date :—

<i>Cases considered.</i>	<i>Approved.</i>	<i>Total Grants authorised.</i>	<i>Disapproved.</i>	<i>Deferred.</i>	<i>Withdrawn.</i>
107	81	£ 10976	18	1	7
Not proceeded with by applicants after approval	5	470			
Subsequently disapproved by Council	1	100			
	— 6	570			
	75	£10406			

COWSHEDS AND DAIRIES.

Milk (Special Designations) Order, 1923. The following list gives the names of the holders of these licences in the County on the 31st March, 1935, prior to the introduction of the Accredited Milk Scheme of the Milk Marketing Board :—

Certified Milk.

Mr. G. Gill, Manor Farm, Broadwey, Weymouth.
 Mr. W. G. Symes, Manor Farm, Fordington, Dorchester.
 Mr. A. T. Tamplin, Green World Dairy Farm, near Wareham.

Grade A. (Tuberculin Tested) Milk.

Mr. W. S. Best, Godmanstone Manor Farm, Dorchester
 Mr. B. H. G. Arkwright, Frith Farm, Stalbridge.
 Captain C. J. Kane, Kingston Russell House Farm, Long Bredy.
 Mr. W. R. Greenshields, Lower Holditch Farm, Axminster.

} *Bottling.*

} *Bulk.*

Grade A. Milk.

Messrs. F. & A. Carter, Manor Farm, Bloxworth, Wareham.
 Captain A. V. Hambro, Merly Farm, Wimborne.
 Lieut.-Colonel F. B. Nixon, D.S.O., North Holway Farm, Cattistock.
 Mr. H. B. Simpson, Chamberlayne Farm, Bere Regis, Wareham.
 Miss L. M. Underwood, Lillington, Sherborne.
 Major Denison-Pender, Marnhull.

Milk and Dairies Order, 1926. It is the duty of the District Councils to carry out those provisions of the Order designed to secure the cleanliness of dairies.

The extent to which the Order is carried out in the County is illustrated by the following table, which shows the number of inspections that have been made of the farms in the nine Rural Districts of the County by the officials of the Sanitary Authorities concerned during the year :—

		<i>Farms.</i>	<i>Farms Inspected.</i>	<i>No. of Inspections.</i>	<i>Notices served.</i>	<i>Notices complied with.</i>
Wareham	...	309	309	585	2	2
Dorchester	...	416	416	537	91	84/334
Bridport	...	210	3	3	—	—
Blandford	...	155	36	39	—	—
Beaminster	...	390	99	109	10	10
Sherborne	...	262	86	105	—	—
Wimborne	...	349	73	81	3	3
Shaftesbury	...	179	27	30	—	—
Sturminster	...	302	35	35	—	—
Total		1847	359	402	13	13

It will be observed that in the Dorchester and Wareham Rural Districts every farm was inspected, and in some cases more than once, and that in the case of the Dorchester Rural District 91 notices were served and that as a result 84 out of 334 defects were remedied.

With regard to the remaining seven rural districts containing 1,847 farms, visits were only paid to 359, and that in most cases no notices were ever served. In the Bridport Rural District, out of 210 farms only 3 were visited, and it is reported that there was no Sanitary Inspector in this rural district during the greater part of the year.

The excuse that the enforcement of the Order requires considerable expense on buildings is not valid. The essentials for a clean milk supply depend upon cleanliness in milking—clean hands, clean cows and clean utensils—clean floors with adequate drainage, the absence of manure in the vicinity of the sheds and the storage of the milk in a clean room separate from the cowsheds.

Agricultural Education is available and a good and ample water supply would appear to be the only necessity which is not always available.

The Sanitary Authorities are not alone responsible for the present state of affairs.

In the Circular which accompanied the Order it was stated that the Sanitary Authority might find the task of administering the Order sensibly lightened by co-operation with the Agricultural Education Authority for the County whose educational work so far as it deals with the production of clean milk is designed to secure substantially the same objects as the Order. Any such co-operation is believed to have been largely lacking with the possible exception of that in the Dorchester Rural District.

The following reports have been received from the districts, and the concluding remarks of Dr. Rickett, the Medical Officer of Health, Sherborne Rural District, will be read with interest. It is not generally understood that safe milk and clean milk are not identical, and the question of farmers installing pasteurising plants instead of coolers is one of which more may be heard in future years :—

Rural Districts.

“ **Beaminster.** At the latter part of the year, systematic work was started to get all the unregistered milk Producers and premises registered, and at the end of the year there were 390 milk producers and premises on the register.

One hundred and nine inspections were made of milk-producing farms. In the majority of cases the structural conditions of the cowsheds do not comply with the provisions of the Milk and Dairies Order, 1926, particularly with regard to the floors. The Council has not yet decided to enforce such provisions, but the time has come when such enforcement should not be delayed much longer.

Dorchester. A complete record is kept of all the cowsheds in the district on a card index system.

The Sanitary Inspector has taken a large number of samples of milk and examined them by means of the Sediment Tester. This again proves that there is a very general want of cleanliness in the production of milk. A large number of these Tester pads showed clear evidence of considerable gross contamination by manure, etc. Some of the more conspicuous cases have been dealt with by the Sub-Committee appointed to deal with them, and improvement obtained in some cases.

Sherborne. In the beginning of the year careful survey was made of all the defects which had been previously noted and an issue of notices was made, and the Council determined, after some discussion, to enforce these notices strictly. Much discussion took place as to possible hardship being caused to the farmers, and it was decided to give the opportunity to any owner who was in default over his repairs to state his grievance to the Council in person. About 40% of these defects have been properly remedied.

It is to be hoped that the Council will now seriously consider the remaining estimated 60%, as if action is not taken, the Council lays itself open to the charge of its failing to administer the requirements of the Milk and Dairies Order, 1926.

There is reason to think that there is improvement in the cleanliness of the farms, but much remains to be done.

A great deal towards the provision of a safe and healthy milk supply might be done if more farmers could be persuaded to install, at what is now a reasonable expense, an efficient pasteurising plant.

Wareham. Special attention has been paid to the matter of Cowsheds, especially as to the provision of concrete floors, wide drainage channels, ventilation and regular whitewashing ; also to the collection and storage of milk. The Council is making every effort to bring dairies and cowsheds up to standard. ”

Milk and Dairies (Consolidation) Act, 1915. Milk samples are sent either to the Lister Institute or to the Salisbury Infirmary for examination for the presence of tubercle bacilli. On a positive result being obtained the matter is then referred to the Director of Agriculture, who takes any further steps in the matter and this also applies when reports are received from other authorities outside the County that milk originating in Dorset has been found to be tuberculous.

This procedure would appear to be entirely irregular since the statutory duty to carry out this work has been placed upon the County Medical Officer of Health by Section 4 of the Act. It is the intention of the County Council in 1935 to engage wholtime Veterinary Officers, when this question will require review.

The following are the number of samples taken during the year with the results :—

No. of local samples taken	...	...	...	...	...	206
No. of local samples found to be tuberculous	...	...	...	...	...	11
No. of tuberculous samples reported from London	...	...	...	...	...	1
No. of cases in which the infection was traced	...	...	...	...	...	4
No. of cases in which the infection was not traced	...	...	...	...	...	8

The delay of anything between 4-6 weeks between obtaining the sample and obtaining the result from the laboratory naturally in some cases makes a satisfactory investigation difficult as occasionally cows may have been disposed of in the interval, but the above results cannot be regarded as satisfactory.

ADMINISTRATION OF THE SALE OF FOOD AND DRUGS (ADULTERATION) ACT, 1928.

In 1914, Messrs. Moor & Partridge were appointed Joint Public Analysts for the County. The joint appointment has been terminated as a result of the death of the late Mr. Partridge, which took place in December, 1933, and the vacancy has been filled by the appointment of Dr. R. P. Charles, of Bournemouth, as County Analyst.

The following are the Annual Reports for the year 1934 :—

(A) *Report of Mr. C. G. Moor, M.A., F.I.C., for the period 1st January to 30th June, 1934.*

During the half-year ending 30th June, 1934, the following number of samples were submitted for analysis under the Food and Drugs (Adulteration) Act, 1928. Total number submitted 257, and constituted the following :—

Milk 58, Condensed Milk 8, Cream 10, Dried Milk 6, Beer 5, Potted Fish 2, Coffee 2, Glycerine 1, Potted Meat 1, Whiskey 4, Castor Oil 1, Bread 5, Arrowroot 2, Piccalilli 2, Tinned Fruit 2, Syrup 2, Meat Paste 2, Cooked Meat 5, Mustard 2, Margarine 2, Sausages 3, Sulphur Tablets 1, Brandy 3, Cornflour 3, Cocoa 1, Sal Volatile 1, Sago 2, Blancmange Powder 3, Pills (Head and Stomach) 2, Pickles 2, Tea 3, Egg Substitute Powder 3, Gin 5, Vinegar 5, Sponge Fingers 2, Baking Powder 2, Oatmeal 2, Lard 2, Flour 3, Flour (Self-raising) 1, Tincture of Quinine 1, Tinned Salmon 3, Tapioca 3, Butter 12, Stout 6, Pearl Barley 8, Mincemeat (Fruit) 3, Camphorated Oil 1, Rum 3, Rice 3, Pork Sausages 1, Raspberry Jam 1, Dripping 2, Cake 4, Custard Powder 4, Coffee and Chicory (Extract) 1, Cream of Tartar 1, Shredded Suet 1, Sponge Cake 1, Brawn 1, Pork Pies 1, Vaseline 1, Marmalade 1, Friar's Balsam 1, Ground Ginger 1, Boric Powder 1, Cod Liver Oil 1, Epsom Salts 1, Fish Paste 1, Medicated Lozenges 1, Sugar 3, Cheese 7, Spice 5, Ideal Milk 1.

Five samples were broken in the process of transport, namely 4 milks and 1 vinegar. Three samples were found to be adulterated, namely, milks, being deficient in fat to the extent of 2.2%, 5.7% and 6.6%, which gives a percentage of adulteration of 1.19. The percentage of milk adulteration was 5.5, while the average fat figure was 3.51%. All samples of milk were examined for the presence of preservatives and dirt with negative results. Colouring matter was also found to be absent. The average percentage of fat in the samples of Cream was 52.4; one sample being of exceptionally good quality, containing 66.0% fat, while another had a 65.0% fat figure. Boric acid and thickening substances were absent in all cases in these samples. Butter showed very good water figures, all samples being well below the limit of 16.0%, they had an average of 14.7%, the lowest being 12.3%, while the highest only contained 15.7% of water; colouring was not contained in any of the samples; preservatives were also absent. Both the tinned fruit samples (cherries and pears) were free from preservatives; tin, and other poisonous metals. Tinned articles are so carefully prepared at the present day that the public need have little or no fear of there being any contamination. It must, however, be borne in mind that directly a sample is opened it should at once be conveyed to a glass receptacle. The Head and Stomach Pills were free from poisonous metals, as also were the Cooked Meat and Potted Fish, the latter containing no colouring matter or preservatives. Out of the seven samples of Cheese, three were gorgonzola, having an average fat content of 31.75%. One sample of sugar contained a very small amount of sand. The two samples of Margarine had water contents of 14.8% and 15.1%, and were free from colouring matter and preservatives. All samples of Spirits were found to be genuine, but a sample of Brandy was of a poor quality. The samples of Flour were of a good quality, unbleached and free from improvers. All the samples of Beer gave negative results on examination for Arsenic and preservatives. The Royal Commission Report, recommend that 1/100th. grain per gallon should be the maximum quantity of arsenic allowable in Beer. A maximum percentage of 0.5 is the standard allowed for the extraneous mineral matter, talc, in rice, due to the fact that "facing" is still practiced, and that a rice which is unsaleable in the whole condition may pass muster as a satisfactory ground rice. The samples of Rice received were carefully examined as to compliance with these conditions, and were found to be of the nature, substance, and quality demanded. The chemistry of tea has not yet unfortunately, reached the art of the taster, and it is judged to-day more by its flavour than by the most elaborate chemical analysis. Prosecutions in the past have been successful where tea has been adulterated with imitation leaves, dust and "sweepings"; there are still a number of cheap teas on the market which are not fit for public consumption, despite the fact that public health authorities are doing creditable work in eliminating this practice. The samples examined from Dorset gave very satisfactory analytical results and a standard that is comparable to many London Boroughs. The samples of Raspberry Jam and Marmalade were well up to the required standard, and contained no added fruit juice or preservatives. Of the five samples of Spice received, three were labelled "All Spice" and two "Mixed Spice," and despite the temptation to adulterate this lesser commodity of household cookery with, spent allspice, ground maize, spent ginger, and extraneous mineral matter, the samples under examination proved to be genuine. The sample of Medicated Lozenges was also labelled "Compound Bismuth, B.P.," and upon analysis was found to conform to the requirements of the British Pharmacopoeia.

(Signed) C. G. MOOR,
Public Analyst.

(B) *Report of Dr. R. Pendrill Charles, M.D., F.I.C., for the period 1st July to 31st December, 1934.*

I beg to submit the Report on my work as County Analyst from the date of my appointment to 31st December, 1934.

During this period 206 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928; 31 samples under the Public Health (Preservatives, &c., in Food) Regulations; 9 samples under the Public Health (Condensed Milk) Regulations; and 5 samples under the Public Health (Dried Milk) Regulations. The details of these samples are as follows:—

1. *Sale of Food and Drugs (Adulteration) Act.*

				<i>Foods.</i>						
Milk	38	Pasteurised Milk	...	1	Butter	...	...	11
Beer	7	Stout	...	7	Tea	...	...	5
Cake	5	Gin	...	4	Whisky	...	...	4
Brandy	4	Rum	...	4	Bread	...	...	4
Margarine	4	Rice	...	4	Tapioca	...	...	4
Fish Paste	4	Sponge Cake	...	3	Cheese	...	...	3
Cocoa	3	Cornflour	...	3	Plain Flour	...	...	3
Self-raising Flour	3	Meat Paste	...	3	Arrowroot	...	...	2

Foods.

Baking Powder	...	2	Blanc Mange	...	2	Custard Powder	...	2
Egg Powder	...	2	Tinned Fish	...	2	Tinned Fruit	...	2
Powdered Ginger	...	2	Jam	...	2	Marmalade	...	2
Mincemeat	...	2	Oatmeal	...	2	Pickles	...	2
Piccalilli	...	2	Sago	...	2	Sausages	...	2
Shredded Suet	...	2	Spice	...	2	Sugar	...	2
Vinegar	...	2	Brawn	...	1	Fruit Cake	...	1
Cerebos Salt	...	1	Coffee	...	1	Coffee and Chicory	...	1
Curry Powder	...	1	Dripping	...	1	Ham	...	1
Ham Paste	...	1	Jelly	...	1	Lard	...	1
Lemon Cheese	...	1	Luncheon Roll	...	1	Cooked Meat	...	1
Mustard	...	1	Pearl Barley	...	1	Tinned Peas	...	1
Pork Pie	...	1	Treacle	...	1			

Drugs.

Castor Oil	...	1	Camphorated Oil	...	1	Epsom Salts	...	1
Eucalyptus Oil	...	1	Glauber's Salt	...	1	Glycerine	...	1
Health Salts	...	1	Ipecacuanha Wine	...	1	Bismuthated Magnesia	...	1
Medicated Lozenges	...	1	Quinine Tablets	...	1	Sal Volatile	...	1
Sulphur	...	1	Medicated Wine	...	1	Zinc Ointment	...	1

Five of the 206 samples were adulterated, showing a percentage of 2.42. All these samples were milks. The average composition of milk during this period was Fat 3.78 ; Solids-not-Fat 9.1.

Four samples out of the 38 contained added water to the extent of 2 per cent. in each case.

Two samples were deficient in Fat to the extent of 10 per cent. and 3 per cent. respectively.

The average adulteration of milk samples was 13.16 per cent.

The average adulteration of milk for the whole country is usually about 4 per cent. The above figures show that the amount of adulteration of milk in this county is undoubtedly very high and points to the necessity of a far greater number of samples, preferably informal, being taken.

With regard to the dirt in milk it is impossible to take proceedings under the Sale of Food and Drugs (Adulteration) Act, except when at least 2 quarts of milk are taken for each of the 3 samples. For this reason it was not practicable to report on this question.

In every case of adulteration by added water the freezing point has been determined. This figure shows the difference between a poor quality milk and one containing the very smallest quantity of added water, and serves as a very delicate and conclusive test for the presence of added water.

The average moisture content of the Butter samples was 14.6 per cent. In every case the moisture was below the legal limit of 16 per cent. The Reichert-Wollny and other figures showed that all the samples were of good quality.

The average moisture content of the Margarine samples was found to be 14.56 per cent. One sample, however, contained 16 per cent., which is the limit allowed.

The samples of Beer and Stout were found to be of good quality, and no arsenic was present in any of the samples.

The five samples of Tea were found to be satisfactory and free from exhausted leaves.

The nine samples of Cake were entirely free from preservatives and contained no harmful colouring matter.

Sixteen samples of various Spirits were examined and found to be of good quality. The amount of Proof Spirit in each case was well above the legal limit.

Only four samples of Bread were examined but these were found to be of good quality and free from adulteration.

None of the four samples of Rice contained any "facing."

Four samples of Tapioca and two of Sago were examined and microscopically found to be satisfactory and clean.

All the samples of Meat Paste, Fish Paste and Cooked Meat were found to be entirely free from preservatives and in good condition. Two samples of Tinned Fruit and two samples of Tinned Salmon were examined and found to be free from Tin and Lead.

The samples of Cocoa were found to be free from shell and arsenic contamination, and did not contain an undue amount of alkali.

The samples of Jam and Marmalade examined in every case contained a very satisfactory amount of soluble solids.

The remaining samples submitted were all found to be genuine and of good quality.

Of the 15 samples of Drugs submitted, six were proprietary medicines, not included in the British Pharmacopoeia, 1932. No details of the declared composition were supplied, but on analysis all these samples were found to be of general composition.

2. *Public Health (Preservatives, etc., in Food) Regulations.*

Twenty-one samples of Milk and ten samples of Cream were submitted under these Regulations and were found to be quite satisfactory.

As the Act has been amended to make it an offence to have any preservatives in Milk it would appear to be unnecessary to make any distinction between any of the milk samples taken, as in the routine examination every milk has to be tested for preservatives. It would appear very doubtful whether a sample taken under the Preservatives Regulations which did not contain preservatives but was deficient in fat or contained added water would be liable to prosecution as it might be contended that it complied with the section under which the sample was taken.

3. *Public Health (Condensed and Dried Milk) Regulations.*

Nine samples of Condensed Milk and five samples of Dried Milk were submitted for analysis and found to be satisfactory.

(Signed) R. PENDRILL CHARLES,
Public Analyst

SAMPLES TAKEN IN SEPARATE DISTRICTS AND RESULTS :—

Boroughs.	
BLANDFORD.	Arrowroot (2), Butter, Camphorated Oil, Milk, Mince-meat, Oatmeal, Pearl Barley, Rum, Sago, Tinned Salmon, Sausages, Stout, Whisky.
BRIDPORT.	Blancmange Powder, Cerebos Salt, Cream of Tartar, Egg Powder, Milk (5), Oatmeal, Pickles (2), Rum, Sago, Sal Volatile, Sausages, Spice (2), Stout, Vinegar, Whisky.
DORCHESTER.	Beer, Arrowroot, Brandy (2), Bread, Cake, Cocoa, Cheese (2), Cooked Ham, Coffee, Cooked Meat (2), Egg Powder, Gorgonzola Cheese, Friars Balsam, Milk (4), Oatmeal, Potted Fish, Tapioca, Tea (2), Tinned Fruit (2), Potted Meat, Stout, Medicated Lozenges.
POOLE.	Almonds (3), Beef Dripping, Beef Sausages, Butter (16), Cheese (3), Cocoa (3), Coffee (2), Cream Sandwich, Cream Pure, Cocoonut (3), Custard Powder, Flour (4), Ginger (2), Honey, Ice Cream (4), Icing Sugar, Jelly, Lard (10), Milk (74), Margarine (5), Mince-meat, Mustard, Olive Oil, Peas (2), Pepper (5), Pea Flour for soup, Rice (5), Suet (beef) (4), Sugar (5), Tea (7), Vinegar (2).
	<i>Adulterated Samples</i> :—Five Milk Samples ; Vendors cautioned in two cases. Vendors prosecuted in three cases and fined.
LYME REGIS.	Brandy, Brawn, Coffee and Chicory, Margarine, Milk (2), Pickles, Sago, Stout, Spice.
SHAFTESBURY.	Baking Powder, Beer, Gin, Ipecacuanha Wine, Oatmeal, Pork Pies, Milk.
WAREHAM.	Coffee, Milk, Pearl Barley, Sausages, Sponge Fingers, Stout (2), Vinegar, Whisky.
	<i>Adulterated Sample</i> :—Milk ; Vendor prosecuted and was bound over in the sum of £5 for six months and ordered to pay costs.
WEYMOUTH.	Milk (29), Butter (16), Glycerine, Sweets.
	<i>Adulterated Samples</i> : Four milk samples ; Vendors warned.
Urban Districts.	
PORTLAND.	Arrowroot, Bread, Butter (3), Cheap Cake, Coffee, Cooked Meat, Fish Paste, Ground Ginger, Glycerine, Jam, Milk (3), Mixed Spice, Pearl Barley, Potted Fish, Magnesia, Rice, Shredded Wheat, Stout, Tin Salmon, Whisky (2).
	One milk sample was broken in transit.
SHERBORNE.	Beer, Brandy, Brawn, Cheap Cake, Cooked Meat, Fruit Cake, Fish Paste, Gorgonzola Cheese, Custard Powder, Meat Paste, Medicated Lozenges, Mince-meat, Milk (3), Pearl Barley, Spice, Syrup, Skimmed Milk, Potted Fish, Quinine Tablets, Tapioca (2), Whisky.
SWANAGE.	Baking Powder, Blancmange Powder, Butter (2), Beer (2), Cocoa, Cooked Meat, Lard, Margarine, Mustard, Medicated Wine, Milk (5), Pearl Barley (3), Syrup, Stout, Whisky, Tapioca.
	<i>Adulterated Sample</i> :—Milk ; Vendor received a caution.

WIMBORNE.	Beer, Butter, Cake, Cooked Meat, Eucalyptus, Glycerine, Gin (2), Gorgonzola Cheese, Lemon Cheese, Jelly, Milk (4), Spice (2), Stout, Self-Raising Flour, Plain Flour, Tincture Quinine, Tinned Peas.
Rural Districts.	
BEAMINSTER.	Beer (2), Bread, Camp Coffee, Cod Liver Oil, Custard Powder, Epsom Salts, Fruit Cake, Gin, Gorgonzola Cheese, Milk (5), Marmalade, Margarine, Plain Flour, Piccalilli, Potted Meat, Potted Fish, Rice (2), Rum, Stout, Sugar, Tea, Treacle, Vinegar (2). One milk sample was broken in transit.
BLANDFORD.	Bread, Butter, Baking Powder, Castor Oil, Cake, Custard Powder, Cheese, Gin, Milk (5), Tapioca, Whisky, Mustard.
BRIDPORT.	Bread, Brandy, Cocoa, Cornflour (2), Castor Oil, Milk (3), Mincemeat, Potted Meat, Sugar Demerara, Self-Raising Flour, Sulphur Tablets. <i>Adulterated Samples</i> :—Two Milk ; in both cases Vendors were cautioned.
DORCHESTER.	Beer, Blancmange Powder, Bread, Cheese (2), Cornflour, Cocoa, Dripping (2), Gin, Ground Ginger (2), Epsom Salts, Jam (2), Health Salts, Ham Pie, Milk (7), Pills, Piccalilli (2), Margarine (2), Potted Fish, Pork Pies, Rum, Shredded Wheat, Sponge Cake, Self-Raising Flour (2), Stout, Sugar, Sausages, Tea (2), Tapioca, Tin Fruit, Tinned Salmon, Vinegar, Mustard, Zinc Ointment. One milk sample broken in transit.
SHAFTESBURY.	Bread, Baking Powder, Butter, Cake, Cornflour (2), Custard Powder (2), Lard, Milk (4), Marmalade, Pearl Barley, Potted Meat, Sponge Fingers, Self-Raising Flour, Tea, Vaseline, Vinegar.
SHERBORNE.	Beer, Blancmange Powder, Gin, Milk (2), Rice, Rum.
STURMINSTER NEWTON.	Brandy, Bread, Butter, Camphorated Oil, Gin, Blancmange Powder, Mincemeat, Pearl Barley, Piccalilli, Sal Volatile, Sponge Cake, Stout, Shredded Wheat, Tea, Milk (2).
WAREHAM.	Beer (2), Boric Powder, Custard Powder, Curry Powder, Cheap Cake, Dripping, Glauber Salts, Demerara Sugar, Milk (5), Mincemeat, Egg Powder (2), Potted Meat, Plain Flour, Sago, Sausages, Self-Raising Flour, Tinned Fruit, Tinned Salmon. <i>Adulterated Sample</i> :—Milk ; Vendor received a caution.
WIMBORNE.	Brandy, Bread, Butter, Cake, Cheese, Cooked Meat, Cornflour, Egg Powder, Gin, Lard, Marmalade, Milk (8), Margarine, Pills, Pickles, Plain Flour, Rice (3), Pearl Barley, Rum (2), Sausages, Sponge Cakes (2), Sulphur, Stout, Tapioca, Tinned Salmon, Tea, Vinegar, Sugar.

Public Health (Preservatives, &c., in Food) Regulations, 1925 to 1927. From the County Districts, excluding Poole and Weymouth Boroughs, 42 samples of milk and 19 of cream were examined for preservative. No preservative or thickening substances were found to be present in any of the samples examined.

Public Health (Condensed Milk) Regulations, 1923 and 1927, and Public Health (Dried Milk) Regulations, 1923 and 1927. In the County Area 29 samples were taken. All samples were reported as being found to be up to standard.

INFECTIOUS DISEASES.

Very slow progress has been made in carrying out the provisions of the Scheme that was adopted in 1933, under Section 63 of the Local Government Act, 1929, for the provision of hospital accommodation for the treatment of infectious disease. With the exception of the Dorchester Borough Hospital, where the required extensions are well under way, the new beds required under the Scheme have not as yet been provided in any of the other hospitals.

At the Sherborne Hospital there would appear to be no intention of increasing the beds it being considered locally that the present number of beds are ample to meet requirements, but the provision of a new administrative block is under consideration.

A Joint Hospital Board has been formed for the Weymouth and Portland districts, and a similar Joint Board is now under discussion for the Blandford, Shaftesbury and Sturminster districts. In this latter area a Joint Board is obviously desirable, the present hospital owned by the Blandford Rural District Council not meeting modern requirements, and being the subject of much criticism during the year as a result of the number of "return" cases of scarlet fever which occurred.

Negotiations have been in progress for the incorporation of the Bridport Rural District into a Joint Hospital Board, but have not as yet been completed.

Considerable misunderstanding has been prevalent as to the responsibility for the provision of hospital accommodation for small-pox and the statement appeared in the Annual Report of one of the District Medical Officers of Health last year that the County Council was responsible for providing this accommodation. This is not the case and the attention of all District Medical Officers of Health is drawn to the provisions of the Scheme.

The incidence of infectious disease throughout the County during the year is set out in Table II. The Boroughs of Bridport, Lyme Regis and the Urban District of Swanage have been exceptionally free from infection.

Small-pox. No case was notified in the County during 1934.

Scarlet Fever. Three hundred and seventy-eight cases were notified and of this number 311 were admitted to Hospital. It has been particularly troublesome in the Shaftesbury Borough, where 45 cases have occurred, more or less evenly distributed throughout the year. All these cases were removed to the Isolation Hospital, at Blandford, and there were a number of "return" cases. At a conference on the subject, it was pointed out that the mere notification of a case of scarlet fever did not necessarily mean removal to hospital, but that the home conditions should be considered and each case judged on its merits. The cost of isolating all these cases to a small borough at a contract rate in a hospital owned by another authority has been very heavy and negotiations are now in progress as reported above with a view to the possible formation of a Joint Hospital Board. Scarlet Fever has also been very prevalent in the Blandford Area.

Diphtheria. Has also been prevalent with a total of 142 cases of whom 135 were removed to hospital, and there were 7 deaths. Systematic immunization for children has been carried out for some years past in the Poole Borough and is also carried out at the Swanage Children's Hospital and at the "Stormount" Children's Home, with post immunization Shick Testing. Spasmodic attempts have also been made to carry out immunization in some of the County Districts on the authority of Local Councils, but it is understood in these cases no Shick Testing was performed. As a result of the epidemic in the Bridport Borough at the end of 1933, extensive immunization in this area was carried out in the early part of the year by the District Medical Officer of Health to whom assistance was rendered by the County Staff.

Enteric. Nine cases occurred during the year, and it is disturbing to note that two of these cases were in the Wimborne Area where sanitary conditions are under grave suspicion. Three occurred in Poole Borough, and the remaining four in the Dorchester Rural District.

Of the non-notifiable infectious diseases, judging by the reports of school closure, the incidence of influenza has been very slight throughout the year, it only being necessary to close two schools in the County Area on this account, as compared with 52 in 1933.

VENEREAL DISEASES.

Treatment Centres were available during the year for Dorset patients at the following places:—

Bournemouth	Salisbury
Yeovil	Dorchester

A clinic was formerly held weekly at the Port Sanitary Hospital, Wyke Regis, and when this hospital was closed at the end of 1933 a request was made to the Weymouth and District Hospital that the clinic should be established there. This request was refused, and as a result two weekly clinics were established at the County Hospital, Dorchester, for an experimental period in the place of the one weekly clinic held there formerly.

The returns, which are now available for the year 1934, show that the total number of new patients attending at Dorchester number 82 compared with a total number of 85 new patients that attended both the Dorchester and Wyke Clinics in 1933. The total number of attendances, however, at Dorchester, during 1934, are only 738 as compared with 1,835 attendances at the two clinics during 1933. This reduced attendance does not necessarily mean that the patients have had insufficient treatment because in many cases in order to avoid the journey patients will have been supplied with appliances for use in their own homes, but it does definitely indicate the necessity for a clinic in or near Weymouth, and in addition there are International obligations that facilities for the treatment of venereal diseases should be available at all ports.

The establishment of a clinic at Poole would also appear to be necessary as the time and distance between Poole and Boscombe Hospital is almost greater than that between Weymouth and Dorchester. The establishment of clinics at both Poole and Weymouth have, therefore, been approved in principle and the details are now under consideration.

The Dorset Branch of the British Social Hygiene Council carries out propaganda work by means of lectures and films.

It is noteworthy that there was a considerable increase in the number of new cases treated during the year as compared with 1933, and the details are shown in the following tables :—

Table of Numbers Treated and Attendances at Treatment Centres during 1934.

TREATMENT CENTRE.	Dorchester (Civil Cases)	Bournemouth.	Yeovil.	Salisbury.	Dorchester (Port Cases).	TOTAL.
Number of persons dealt with during the year at or in connection with the <i>Out-patient Clinic for the first time</i> and found to be suffering from :—						
Syphilis	19	40	3	2	—	64
Soft Chancre	1	1	—	—	—	2
Gonorrhoea	28	63	1	—	4	96
Conditions other than Venereal	30	44	6	2	—	82
TOTAL ...	78	148	10	4	4	244
Total number of <i>attendances</i> at the <i>Out-patient Clinic</i> of <i>all</i> patients residing in the County ...	732	*3645	87	82	6	4552
Aggregate number of "In-patients days" of all patients residing in the County ...	72	364	—	1	14	451
Number of doses of Arsenobenzene compounds given in the Out-patient Clinic and In-patient Department to patients residing in the County	552	545	19	50	—	1166

*Includes attendances at Irrigation Clinic.

Table showing number of persons dealt with for the first time during the period 1923-1934 :—

Year.	New Cases.	Year.	New Cases.
1923 ...	226	1929 ...	165
1924 ...	158	1930 ...	177
1925 ...	141	1931 ...	181
1926 ...	185	1932 ...	220
1927 ...	186	1933 ...	180
1928 ...	186	1934 ...	244

Ophthalmia Neonatorum, Year 1934.

Cases.			Results.			
Notified	Treated.		Vision unimpaired	Vision impaired	Total Blindness	Deaths.
	At Home	In Hospital				
7	4	3	6	1	—	—

TUBERCULOSIS.

Notifications. Excluding duplicate notifications and cases previously notified, the number of primary notifications in 1934 was 264.

Pulmonary Tuberculosis. The primary cases, notified in 1934, numbered 185, or 7 less than in 1933.

Non-Pulmonary Tuberculosis. The number of primary cases of non-pulmonary tuberculosis notified in 1934 was 79, or 10 less than in 1933.

Age-periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards.	Total Primary Notifications.
Pulmonary Males ...	—	1	3	2	1	14	25	24	14	11	5	100
Pulmonary Females ...	—	—	1	6	9	12	25	19	5	7	1	85
Non-pulmonary Males ...	—	7	7	7	1	5	5	3	5	1	1	42
Non-pulmonary Females ...	—	11	8	1	5	2	4	4	2	—	—	37

Deaths. The total number of deaths in the County from all forms of Tuberculosis during 1934 was 134, of which 101 were from pulmonary tuberculosis and 33 from other forms such as hip and spinal disease, tuberculous peritonitis, etc.

	* 1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934
Notifications (Pulmonary)	369	320	234	201	222	179	358	275	326	402	289	274	292	260	249	238	207	242	240	220	236	192	185
Deaths (Pulmonary)	141	148	144	157	167	173	214	204	166	142	174	168	152	139	144	143	133	133	159	146	125	107	101

*First year all pulmonary cases compulsorily notifiable.

Notification is not entirely satisfactory in two respects. In too many cases it is not made until the patient has arrived at an advanced stage of the disease, when no treatment whatever could be of any avail. "Sanatorium treatment" is often requested by the practitioners in notifying such cases, but it is hoped that an improvement will gradually occur with the increased facilities that are now available for consultations with the Clinical Tuberculosis Officer. Every effort is being made to increase the number of these consultations which are freely available to any practitioner who requires one.

In a second category come those cases which are either not notified at all or not notified until after death. The death returns are now received monthly from the local registrars for perusal and the deaths of any persons from tuberculosis found not to have been notified during life are enquired into. The practitioner signing the death certificate is written to with a request for the reasons of failure to notify.

A failure also occurs sometimes on the part of the District Medical Officers of Health to forward weekly to the County Medical Officer copies of the notifications they have received during the week. Any such failure was formerly recognised at once by comparing the returns with those sent weekly to the Registrar General. With tuberculosis now having been struck out of these latter returns, this comparison is no longer possible, and it would seem reasonable that tuberculosis should be re-instated on these returns. This is a matter over which, however, the County Council has no control. On receipt of a notification an offer of treatment is at once sent to the patient, and any failure to receive a notification results in delay in offering such treatment.

Treatment.

Applications. The number of new applications for treatment was 314 (145 from insured persons, and 169 from non-insured persons).

Dispensaries. There are four dispensaries in the County, namely at Poole, Weymouth, Bridport and Sturminster Newton, and as reported last year, in view of recent developments in the value of X-Rays in connection with pulmonary tuberculosis a re-organisation of the Dispensary Services in the County was necessary.

Formerly a considerable amount of treatment was actually carried out at the dispensaries by tuberculin, cod liver oil and malt, and other means. This practically ceased with the introduction of new methods by the newly appointed Clinical Tuberculosis Officer on the 1st May, 1934.

The treatment of pulmonary tuberculosis has now come to be regarded as almost entirely institutional in character, and the word "dispensary" has become a misnomer. It is now believed that the true function of a Tuberculosis Dispensary is that of a centre for the examination of patients and their supervision and disposal. It is essentially a clearing house and not a treatment centre. If it comes to be regarded as a place at which "a bottle of medicine" or "a tin of oil and malt" may be obtained, its value is materially diminished. The attendances have become reduced and it has thus been found possible to reduce the number of dispensary sessions by the substitution of half-day for whole day clinics making more time available for work in other directions. The actual attendances at the dispensaries during 1934 numbered 5,375 as compared with 7,830 in 1933.

Whenever possible, the chest of every new patient is X-Rayed. Early diagnosis has thus been obtained with the quick disposal of doubtful cases. This is a most important factor. It is essential that there should be the least possible delay in arriving at an accurate diagnosis as the first essential in the treatment of every case of pulmonary tuberculosis is complete rest in bed. Frequent visits to the dispensary often do more harm than good, particularly in early disease with pyrexia, and in these cases the patient is told to rest at home pending the provision of institutional treatment and visits to the dispensary are discouraged.

In a County such as Dorset many patients have to travel long distances to the clinic with sometimes definitely harmful results. For this reason time must be available for visiting such patients at their homes. At present dispensary patients have to be sent to the Dorset County Home at Parkstone for X-Ray examinations and there has been much congestion of work at this Home in consequence.

The construction of a new Central Dispensary for the County, equipped with X-Ray plant has been approved during the year, and it is hoped that this will be available for use early in 1936.

The taking of large numbers of X-Ray films has considerably increased the work of the Tuberculosis Officers and Clerical Staff. In the case of all patients sent by practitioners a reduced print of the film is made and sent to the practitioner with an interpretation. It is hoped by this means that the interest of practitioners will be stimulated and that more and earlier consultations will result.

In spite of X-Rays early tuberculosis is often very difficult to diagnose and cases frequently occur in which observation in hospital is necessary before the nature of the disease can be established. "Observation" beds should thus form an essential part of the Tuberculosis Scheme. The only beds at present available for this purpose are at the Dorset County Home, and are contained in two side wards which are frequently occupied by patients who are very ill. It is very desirable, therefore, that this deficiency should be rectified in due course.

Institutional Treatment. Arrangements for the institutional treatment of pulmonary tuberculosis in the County in the light of modern developments are now, unfortunately, by no means ideal, and the subject has been fully reported upon during the year. In the past it has been customary to roughly divide patients after diagnosis into "early" and "advanced" cases and to send the former to Beckford Lodge, at Warminster, and the latter to the Dorset County Home, at Parkstone. This simple classification, however, no longer holds good, and patients in all stages of the disease and particularly those in an early stage often require active treatment which can only be carried out under a Specialist in tuberculosis with X-Ray and other facilities always available.

Beckford Home. Although for the greater portion of the last 15 years Beckford Lodge has been of the greatest value to the County for patients in the early stage of the disease, it has now in view of modern developments become obsolete for the treatment of this condition owing to it being too far away from the centre of the County for the Tuberculosis Officer to be responsible for the treatment of the patients, and owing to it being too small to employ a Resident Medical Superintendent.

It has been decided therefore to close this Home for the reception of patients with pulmonary tuberculosis and to re-open it instead for patients with non-pulmonary tuberculosis, mainly of an orthopaedic character. Its close proximity to Bath renders it probably suitable for this purpose and it is hoped to work in close co-operation with the Bath and Wessex Hospital, and to appoint an orthopaedic surgeon as a part-time member of the staff of the Home.

Dorset County Home, Parkstone. (32 beds). Formerly used for advanced cases of tuberculosis only. Eighty-four patients in all stages of the disease have been admitted to the Home during the year in order to take advantage of the facilities available at the Home for X-Ray examinations and treatment under the Tuberculosis Officers.

The accommodation of 22 beds was increased by the erection of 10 huts on the tennis court in a secluded portion of the grounds and the connection of these huts by electric light and electric bell to the Home. Used for male patients only in the early stage who are able to be up and take their meals in the Home, these huts have been a great success, and on once becoming accustomed to a hut in the open air no patient has wished to return into the Home for sleeping.

As a sanatorium however the Dorset County Home is unsatisfactory and treatment of patients there can only, unfortunately, be deemed a makeshift. The building itself is structurally unsuitable and is unfitted for the housing of patients of both sexes. Its position on a main road and in the middle of a town is also open to grave criticism, and the grounds are too small to allow of graduated exercise and work being carried out.

Difficulties have arisen in consequence following the admission of "early" patients to this Home, and until more suitable arrangements for the treatment of pulmonary tuberculosis in the County can be made it may be necessary to send these "early" patients considered suitable for collapse therapy, etc., to efficient sanatoria outside the County and to again utilize the Home for patients other than those of this type.

As the number of patients receiving artificial pneumothorax treatment is increased so the out-patient attendances for refills get larger. X-Ray control of the refills is essential and it is thus necessary for out-patients to make the long journey to Parkstone. One of the main advantages of artificial pneumothorax treatment is that it curtails the length of stay in a sanatorium and often enables work to be resumed at an early date. At present, however, many patients cannot be discharged as soon as otherwise would be the case because it is realised that it is unfair and unsafe to expect them to make what is often a day's journey in order to obtain a refill. It is hoped that the building of the new clinic in Dorchester will help to solve this problem.

The following are the particulars of X-Ray examinations and artificial pneumothorax treatment carried out at the Home during the year :—

		Screenings.	Films taken.	A.P. inductions.	A.P. refills.
In-patients	...	147	95	15	150
Out-patients	...	460	378	—	69
TOTAL	...	607	473	15	219

Other Institutions. Cases of pulmonary tuberculosis are also admitted as before, to the Weymouth Borough Sanatorium, to the Royal National Sanatorium, Bournemouth, and to other institutions outside the County.

Children suffering from non-pulmonary tuberculosis are admitted almost entirely to the Bath and Wessex Children's Orthopaedic Hospital, or to the Red Cross Memorial Hospital, at Swanage. An interchange of patients takes place between these two hospitals as required, and all cases of an orthopaedic nature are under treatment by the County Orthopaedic Surgeon, who is on the staff of both these hospitals.

In 1935 it is intended to admit adult cases of non-pulmonary tuberculosis to the Beckford Home, Warminster, as recorded previously and treatment then will be on the same lines as that of the children. In the past these adult patients have been admitted to the most convenient general hospital and the efficiency of their treatment has varied considerably in individual cases.

On discharge from the Home these patients come under the Orthopaedic Clinic Scheme and thus continue to receive expert supervision.

Domiciliary Treatment. Treatment of patients in their own homes is carried out by patients' own doctors, and is not undertaken by the County Medical Staff. This treatment is confined to those patients who are either in a very chronic or a very advanced stage for whom little can be done and who have reasonably satisfactory homes. An effort is made to admit to institutions any patients whose home conditions are considered unsatisfactory. Shelters are also available in suitable cases.

Contacts. The examination of contacts of all cases with tubercle bacilli in the sputum is carried out as a routine and 114 were reported upon during the year. Whenever possible in the case of children the Mantoux Test is performed and X-Ray examination is offered in suspected cases. The value of contact examination does not only lie in clinical examination which particularly in the case of children seldom yields positive results. Contact examination is important because it enables the Tuberculosis Officer to keep in close touch with the tuberculous household. The members of the family are made to realise the importance of prevention and the necessity for keeping in touch with the Tuberculosis Officer. They are urged to seek immediate advice at the first signs of ill-health.

Laboratory Examinations. The examination of specimens of sputa are carried out by the Assistant Tuberculosis Officer at the County Dispensary in Poole. Sputum examination is of the utmost importance in every case of persistent cough. If it was possible to examine the sputum of all people with chronic coughs it is probable that many an unsuspected case of tuberculosis and many a dangerous focus of infection would be brought to light. A "positive" result means but one thing—tuberculosis—but unfortunately a "negative" result does not prove its absence. There is thus a danger in persons whose sputum has been examined once with a "negative" result that a false feeling of security may arise. Repeated sputum examinations are therefore necessary particularly in the case of adults who are in close contact with young children. During 1934 the number of specimens examined at the Poole Dispensary was 862, and Tubercle bacilli were found to be present in 43% of the specimens.

Tuberculosis Health Visiting. This is chiefly carried out by wholetime Health Visitors employed by the County Council, but the wholetime Health Visitors and Nurses employed by the Dorset County Nursing Association also assist in this Scheme. The number of patients reported upon during the year was 775, and the number of visits made 3,821

Table — Analysis of Health Visitors' Reports on Patients.

Inquiries made by Health Visitors.	Affirmative Replies.	Negative Replies.
Observing rules for <i>Treatment satisfactorily</i> ...	696	4
Taking proper <i>precautions</i>	619	10
Using <i>sputum flask</i>	269	*403
Sleeping alone in a <i>separate bedroom</i>	414	†288
Sufficient nourishment	670	32
Properly <i>looked after</i>	699	3
Requiring special <i>nursing</i>	8	694

*No sputum.

†202 of these had no sputum and were therefore probably *non-infective*.

Public Health Act, 1925—Section 62. No action has been taken by the Council under this Section of the Act.

Public Health (Prevention of Tuberculosis) Regulations, 1925. No action is reported to have been taken under these Regulations relating to persons suffering from pulmonary tuberculosis employed in the milk trade during the year.

TABLE I.
VITAL STATISTICS OF WHOLE COUNTY AND SEPARATE DISTRICTS DURING 1934.

	Population estimated to Middle of 1934.	BIRTHS.			DEATHS.			
		Number		Live Rate.	Under 1 year of age.		At all ages.	
		Live Births.	Still Births.		Number.	Rate per 1000 Live Births.	Number.	Crude Death Rate.
WHOLE COUNTY ...	243400	3366	134	13.8	148	43	2903	11.9
URBAN DISTRICTS	Blandford ...	3477	43	12.3	3	69	43	12.3
	Bridport ...	5943	65	10.9	3	46	69	11.6
	Dorchester ...	10220	156	15.2	9	57	124	12.1
	Lyme Regis	2590	39	15.0	—	—	28	10.8
	Poole ...	64380	908	14.1	39	42	748	11.6
	Portland ...	11360	135	11.8	7	51	105	9.2
	Shaftesbury	3065	38	12.3	2	52	37	12.0
	Sherborne ...	6530	66	10.1	7	106	83	12.7
	Swanage ...	6030	70	11.6	1	14	71	11.7
	Wareham ...	2442	44	18.0	1	22	24	9.8
	Weymouth	30280	426	14.0	14	32	397	13.1
	Wimborne	4083	47	11.5	2	42	51	12.4
TOTAL OF URBAN DISTRICTS	150400	2037	77	13.5	88	43	1780	11.8
RURAL DISTRICTS	Beaminster	7817	106	13.5	8	75	127	16.2
	Blandford ...	7321	119	16.2	8	67	94	12.8
	Bridport ...	6901	65	9.4	2	30	93	13.4
	Dorchester ...	16000	222	13.8	10	45	189	11.8
	Shaftesbury	8400	125	14.8	—	—	88	10.4
	Sherborne ...	5216	91	17.4	4	43	71	13.6
	Sturminster	8235	89	10.8	4	44	101	12.2
	Wareham ...	15810	238	15.0	10	42	156	9.8
	Wimborne	17300	274	15.8	14	51	204	11.7
TOTAL OF RURAL DISTRICTS	93000	1329	57	14.2	60	45	1123	12.0
England and Wales ...				14.8		59		11.8

The corrected death-rate for the Urban Districts is 10.2 and that for the Rural Districts 9.7.

These figures take into consideration the sex and age of the populations, and are based on calculations made by the Registrar General to enable a more accurate comparison to be made with other areas in the Country.

TABLE II.

Cases of Infectious Diseases, other than Tuberculosis, notified during the Year 1934, and number of cases removed to Hospital.

URBAN DISTRICTS.

NOTIFIABLE DISEASE.	BLANDFORD.		BRIDPORT.		DORCHESTER.		LYME REGIS.		POOLE.		PORTLAND.		SHAFTESBURY.		SHERBORNE.		SWANAGE.		WAREHAM.		WEYMOUTH.		WIMBORNE.		Total Cases Notified.	Total Cases removed to Hospital.
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.		
Small Pox	18	18	1	1	20	20	—	—	72	70	36	28	45	45	24	23	3	3	7	—	39	38	4	3	269	—
Scarlet Fever	—	—	1	1	3	3	1	1	11	10	11	9	—	—	1	1	—	—	13	11	31	31	14	14	86	249
Diphtheria	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1
Enteric	8	2	1	—	1	—	1	—	41	—	3	—	—	—	10	—	9	1	—	—	7	4	1	—	83	7
Pneumonia	—	—	1	1	—	—	—	—	2	2	—	—	—	—	2	2	—	—	—	—	1	1	—	—	6	6
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal	—	—	—	—	—	—	—	—	5	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	7	—
Pyrexia	1	1	—	—	8	—	—	—	20	1	4	2	—	—	3	—	2	—	—	—	7	2	1	—	46	6
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	2	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1
Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	2	—	5	3
Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	2	—
Poliomyelitis	—	—	—	—	—	—	—	—	4	2	—	—	—	—	—	—	—	—	—	—	1	1	—	—	5	3
Ophthalmia	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—
Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	30	23	4	3	35	23	2	1	160	86	55	39	45	45	44	28	14	4	21	11	87	77	22	17	519	357

RURAL DISTRICTS.

NOTIFIABLE DISEASE.	BEAMINSTER.		BLANDFORD.		BRIDPORT.		DORCHESTER.		SHAFTESBURY.		SHERBORNE.		STURMINSTER.		WAREHAM.		WIMBORNE.		Total cases notified.	Total Cases removed to Hospital.
	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.	No. of Cases.	No. removed.		
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	3	—	41	28	4	2	16	15	6	5	6	3	12	4	12	4	9	7	109	68
Diphtheria	27	25	7	7	—	—	2	2	1	1	—	—	1	1	7	7	11	11	56	54
Enteric	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	2	2	6	2
Pneumonia	12	—	4	2	3	—	4	—	9	—	3	—	3	—	12	8	12	—	62	10
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	1	—	1	—	1	—	1	—	—	—	1	—	—	—	—	—	1	1	6	1
Puerperal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pyrexia	1	—	1	—	—	—	—	—	2	—	—	—	1	1	—	—	2	—	7	1
Erysipelas	5	—	1	1	2	—	8	1	3	—	1	—	—	—	6	—	4	2	30	4
Dysentery	—	—	—	—	—	—	16	—	—	—	—	—	—	—	—	—	—	—	16	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lethargica	1	—	1	1	—	—	—	—	3	—	1	—	2	2	2	1	—	—	10	4
Cerebro-spinal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	51	25	58	40	10	2	51	18	24	6	12	3	19	8	40	20	41	23	306	145

TABLE III. (a).
Causes of and Ages at Death during the Year, 1934.
WHOLE COUNTY.

CAUSES OF DEATH.	All ages	NETT DEATHS OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.										75 and upward
		Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 55 years	55 and under 65 years	65 and under 75 years	
1	2	3	4	5	6	7	8	9	10	11	12	13
Causes.	2903	148	25	22	46	79	103	122	226	460	751	921
1. Typhoid and Paratyphoid Fevers ...	1	—	—	—	—	1	—	—	—	—	—	—
2. Measles ...	4	—	1	2	1	—	—	—	—	—	—	—
3. Scarlet Fever ...	2	—	—	—	1	—	—	1	—	—	—	—
4. Whooping Cough ...	14	4	6	3	1	—	—	—	—	—	—	—
5. Diphtheria ...	7	—	1	1	5	—	—	—	—	—	—	—
6. Influenza ...	37	—	—	—	2	2	2	3	—	7	11	10
7. Encephalitis Lethargica	9	—	—	—	2	1	—	—	4	1	1	—
8. Cerebro-spinal fever ...	2	—	—	—	—	1	—	—	1	—	—	—
9. Tuberculosis of Respiratory system ...	101	—	—	—	—	18	26	21	18	13	5	—
10. Other Tuberculous Diseases	33	1	1	4	7	1	6	2	7	1	3	—
11. Syphilis ...	5	—	—	—	—	1	—	—	1	1	2	—
12. General Paralysis of the insane, tabes dorsalis	9	—	—	—	—	—	1	1	3	2	2	—
13. Cancer, Malignant Disease	453	—	—	—	2	—	7	14	49	120	163	98
14. Diabetes ...	33	—	—	1	—	—	1	1	3	8	12	7
15. Cerebral Haemorrhage, &c.	198	—	—	—	1	—	—	—	7	35	76	79
16. Heart Disease	699	—	—	—	2	7	6	13	29	123	217	302
17. Aneurysm ...	9	—	—	—	1	—	—	1	2	2	3	—
18. Other circulatory diseases	148	—	—	—	—	—	—	—	4	22	44	78
19. Bronchitis ...	63	6	2	—	1	—	—	1	4	3	8	38
20. Pneumonia (all forms) ...	132	11	5	4	4	2	4	9	13	17	35	28
21. Other Respiratory Diseases	29	1	1	—	1	1	1	2	5	5	4	8
22. Peptic ulcer ...	22	—	—	—	—	1	—	1	5	5	7	3
23. Diarrhoea, etc. ...	17	6	2	1	1	—	2	1	—	1	2	1
24. Appendicitis ...	19	—	—	—	—	6	1	2	2	4	3	1
25. Cirrhosis of Liver	9	—	—	—	—	—	—	—	2	4	3	—
26. Other diseases of Liver, &c.	8	—	—	—	—	1	1	—	—	2	2	2
27. Other digestive diseases	61	2	1	—	—	1	1	4	11	9	16	16
28. Acute & Chronic Nephritis	95	1	—	1	—	—	—	2	13	20	30	28
29. Puerperal Sepsis ...	7	—	—	—	—	1	5	1	—	—	—	—
30. Other Puerperal causes	11	—	—	—	—	3	3	5	—	—	—	—
31. Congenital Debility and Malformation, Premature Birth, &c. ...	108	106	1	—	1	—	—	—	—	—	—	—
32. Senility ...	153	—	—	—	—	—	—	—	—	—	19	134
33. Suicide ...	23	—	—	—	—	—	4	5	6	4	3	1
34. Other violence ...	97	3	2	—	4	19	14	10	6	10	9	20
35. Other Defined Diseases	277	7	2	5	8	12	18	21	31	41	67	65
36. Causes ill-defined or unknown ...	8	—	—	—	1	—	—	1	—	—	4	2
TOTALS ...	2903	148	25	22	46	79	103	122	226	460	751	921

TABLE III. (b).

Causes of Death at all Ages in each District during the Year 1934.

URBAN DISTRICTS.														RURAL DISTRICTS.										
BLANDFORD	BRIDPORT	DORCHESTER	LYME REGIS	POOLE	PORTLAND	SHAFTESBURY	SHERBORNE	SWANAGE	WAREHAM	WEYMOUTH	WIMBORNE	Total Urban Districts	BEAMINSTER	BLANDFORD	BRIDPORT	DORCHESTER	SHAFTESBURY	SHERBORNE	STURMINSTER	WAREHAM	WIMBORNE	Total Rural Districts	Total for whole County.	
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	
43	69	124	28	748	105	37	83	71	24	397	51	1780	127	94	93	189	88	71	101	156	204	1123	2903	
1.	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
2.	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2
3.	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	4
4.	—	—	—	9	—	—	—	—	1	—	—	11	—	—	—	—	—	—	—	—	—	—	—	1
5.	—	—	—	—	—	—	—	—	—	2	1	3	1	—	—	—	—	—	—	—	—	—	—	3
6.	—	—	—	5	1	—	3	—	—	4	1	14	2	2	1	2	2	—	4	3	5	—	—	4
7.	—	—	—	1	1	—	—	—	—	—	1	4	—	—	—	—	1	—	2	1	—	—	—	7
8.	—	—	—	—	—	—	1	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	37
9.	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	9
10.	1	3	3	1	32	4	—	5	—	14	2	65	4	3	2	6	5	3	4	3	6	—	—	2
11.	1	2	2	—	8	2	—	—	—	3	1	21	2	1	2	1	2	1	1	—	4	—	—	101
12.	—	—	—	—	1	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	33
13.	—	—	—	—	—	—	—	—	—	2	1	6	—	1	—	—	—	—	—	—	—	—	—	9
14.	11	14	20	6	128	17	13	10	—	55	5	285	17	13	12	33	14	12	8	27	32	—	3	453
15.	—	—	—	—	7	3	—	—	—	2	—	16	—	—	4	4	3	—	1	—	2	—	—	33
16.	—	6	14	2	31	10	3	10	1	43	9	129	8	6	8	12	6	2	4	9	14	—	—	17
17.	14	15	28	10	178	24	16	20	5	91	9	417	30	23	26	35	28	20	27	37	56	—	—	69
18.	1	1	6	1	4	1	5	4	2	2	—	9	6	2	3	13	8	4	1	5	5	—	—	9
19.	—	2	—	58	1	1	3	3	2	20	—	101	—	2	—	8	1	4	—	—	3	—	—	148
20.	1	1	1	10	7	2	1	3	1	8	1	36	7	2	—	6	1	5	3	3	5	—	—	63
21.	3	1	4	1	43	2	1	2	—	17	1	76	4	7	5	4	5	3	9	8	11	—	—	132
22.	—	1	1	12	2	—	2	—	—	3	1	21	1	2	2	1	—	—	2	1	4	—	—	29
23.	—	—	—	5	—	—	—	—	—	2	—	14	1	2	—	1	—	1	—	1	1	—	—	22
24.	—	—	—	—	—	—	—	—	—	1	—	2	1	—	—	2	—	—	—	—	—	—	—	8
25.	—	—	—	—	—	—	—	—	—	1	—	14	1	—	—	1	—	—	—	3	1	—	—	19
26.	—	—	—	—	—	—	—	—	—	4	—	8	—	—	—	—	—	—	—	—	—	—	—	9
27.	—	—	—	—	—	—	—	—	—	2	—	3	—	—	—	2	1	—	—	—	—	—	—	8
28.	1	2	3	1	22	2	1	2	1	1	—	43	3	3	4	4	2	1	1	6	5	—	—	70
29.	1	2	5	1	19	4	2	—	—	5	2	66	5	1	5	—	2	3	1	7	3	—	—	95
30.	—	1	—	3	—	—	—	—	—	1	—	5	—	—	—	1	—	—	—	—	—	—	—	7
31.	—	—	—	4	1	—	—	—	—	—	—	6	1	1	—	1	—	—	1	1	—	—	—	11
32.	2	3	7	—	28	4	2	8	—	11	2	68	6	4	2	6	—	4	4	6	8	—	—	108
33.	—	7	5	—	15	4	1	5	—	27	10	76	9	9	7	10	2	2	14	5	19	—	—	133
34.	—	1	2	—	7	1	1	—	—	—	4	20	1	—	—	—	—	—	1	1	3	—	—	3
35.	—	2	3	—	32	2	3	2	1	16	1	62	2	5	2	7	3	2	3	6	5	—	—	35
36.	3	6	12	2	72	7	10	13	5	33	2	167	16	5	7	25	6	8	6	18	19	—	—	97
—	—	—	1	1	—	—	—	—	—	—	1	4	1	—	—	1	1	—	1	—	—	—	—	277
TOTALS	43	69	124	28	748	105	37	83	71	24	397	51	1780	127	94	93	189	88	71	101	156	204	1123	2903

TABLE IV. TUBERCULOSIS. STATISTICAL SUMMARY FOR THE YEAR ENDED
31st DECEMBER, 1934, OF CASES DEALT WITH UNDER COUNTY SCHEME.

NEW APPLICATIONS.

Number of new applications for treatment :—

<i>Insured.</i>	<i>Non-Insured.</i>	<i>Total.</i>
145	169	314

<i>Insured</i>	<i>Non-insured</i>	<i>Pulmonary.</i>	<i>Non-pul-pulmonary.</i>	<i>Non-Tubercular.</i>	<i>Obser-vation.</i>	<i>Total.</i>
122	50	111	31	314		

DISPENSARY RETURNS FOR 1934. Total Persons registered for 1934.								NEW CASES AND MORTALITY DURING 1934.											
Dispensary.	Insured Cases			Non-insured Cases			Total Insured and Non-Insured	Age Periods.	NEW CASES.				DEATHS.						
	Old	New	Total	Old	New	Total			Pulmon'y		Non-Pul.		Pulmon'y		Non-Pul.				
Bridport	24	15	39	14	17	31	70	0	M.	F.	M.	F.	M.	F.	M.	F.			
Weymouth	58	34	92	94	46	140	232		—	—	—	—	—	—	1	—			
Poole	82	69	151	85	91	176	327		1	—	7	11	—	—	3	2			
Sturminster	8	6	14	11	10	21	35		5	3	1	7	8	}	—	1	6		
Totals	172	124	296	204	164	368	664		10	2	6	7	1					10	8	1	—
Dispensary.	Total attendances during 1934.							15	1	9	1	5	}	10	8	1	—		
	Insured Cases.			Non-insured Cases.			20	14	12	5	2	25						25	5	4	16	10	3	3
	Old	New	Total	Old	New	Total	Total Insured and Non-Insured	35	24	19	3	4	12	9	—	2			
Bridport	291	50	341	172	44	216	557	45	14	5	5	2	12	6	3	4			
Weymouth	777	91	868	1079	132	1211	2079	55	11	7	1	—	7	6	—	1			
Poole	1083	145	1228	1052	237	1289	2517	65 and upwards	5	1	1	—	3	2	1	2			
Sturminster	86	12	98	103	21	124	222												
Totals	2237	298	2535	2406	434	2840	5375	Totals	100	85	42	37	60	41	13	20			

Return showing the work of the Dispensaries.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	76	55	4	5	9	7	16	9	85	62	20	14	181	387
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	13	10	8	6	37	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	46	68	27	28	169	
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	2	2	1	—	1	—	—	—	3	2	1	—	6	114
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	1	1	2	
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	23	36	31	16	106	
C.—CASES written off the Dispensary Register as :—														
(a) Recovered ...	35	60	6	6	14	11	21	15	49	71	27	21	168	484
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	77	116	73	50	316	
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous ...	320	279	18	18	67	85	73	56	387	364	91	74	916	958
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	13	11	12	6	42	
1. Number of cases on Dispensary Register on January 1st, 1934 ...				1042										
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases “lost sight of” ...				54										
5. Number of attendances at the Dispensary (including Contacts) ...				5377										
7. Number of consultations with medical practitioners :—														
(a) Personal ...				126										
(b) Other ...				376										
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...				3821										
11. Number of “Recovered” cases restored to Dispensary Register, and included in A(a) and A(b) above ...				7										
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...														15
4. Cases written off during the year as Dead (all causes) ...														62
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...														89
8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...														232
10. Number of :—														
(a) Specimens of sputum, etc., examined ...														589
(b) X-Ray examinations made in connection with Dispensary work ...														864
12. Number of “T.B. plus” cases on Dispensary Register on December 31st, 1934 ...														235

Return showing the extent of Residential Treatment and Observation during the year in Institutions (other than Public Assistance Institutions) approved for the treatment of Tuberculosis.

				In Institutions on Jan. 1st (1)	Admitted during the year (2)	Discharged during the year (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st (5)
Number of doubtfully tuberculous cases admitted for observation	{ Adult males ...			—	1	1	—	—
	{ Adult females ...			3	1	4	—	—
	{ Children ...			2	5	7	—	—
	{ Total ...			5	7	12	—	—
Number of patients suffering from pulmonary tuberculosis	{ Adult males ...			33	101	95	9	30
	{ Adult females ...			13	70	57	9	17
	{ Children ...			3	7	8	—	2
	{ Total ...			49	178	160	18	49
Number of patients suffering from non- pulmonary tuberculosis	{ Adult males ...			8	17	18	1	6
	{ Adult females ...			6	10	9	1	6
	{ Children ...			18	43	39	—	22
	{ Total ...			32	70	66	2	34
GRAND TOTAL				86	255	238	20	83

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis.

Diagnosis on discharge from observation.		FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
		Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-tuberculous	...	—	1	—	—	—	5	—	—	1	1	3	1	1	4	7
Doubtful	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	...	—	1	—	—	—	5	—	—	1	1	3	1	1	4	7

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			*Under 3 months, but exceeding 28 days.			3-6 months.			6-12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent ...	4	8	3	7	3	—	—	—	1	—	—	12	11	3	26	
		Not quiescent ...	3	1	1	1	2	—	—	—	—	—	—	4	3	1	8	
		Died in Institution ...	1	1	—	—	1	—	—	—	—	—	—	1	2	—	3	
	Class T.B. plus Group I.	Quiescent ...	1	—	—	1	—	—	1	—	1	—	—	3	—	1	4	
		Not quiescent ...	2	—	—	2	—	—	—	—	—	—	—	4	—	—	4	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group II.	Quiescent ...	1	—	—	—	3	1	—	1	—	—	—	1	4	1	6	
		Not quiescent ...	8	6	—	9	4	—	4	2	—	1	2	—	22	14	36	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not quiescent ...	20	7	—	12	9	—	4	1	—	1	—	—	37	17	54	
		Died in Institution ...	1	2	—	2	—	—	—	—	—	2	—	—	5	2	7	
	TOTALS (pulmonary) ...			41	25	4	34	22	1	9	4	1	5	2	—	89	53	6	148
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent ...	2	1	4	—	1	4	—	1	2	2	1	3	4	4	13	21
		Not quiescent ...	—	—	2	2	—	1	1	1	2	1	4	5	2	7	14	
		Died in Institution ...	1	—	—	—	1	—	—	—	—	—	—	1	1	—	2	
	Abdominal.	Quiescent ...	—	—	3	—	—	1	—	—	—	—	—	—	—	4	4	
		Not quiescent ...	—	1	2	—	—	2	—	—	1	—	—	—	1	5	6	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs.	Quiescent ...	—	—	—	—	—	—	1	—	1	—	—	1	1	—	2	
		Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peripheral glands.	Quiescent ...	—	—	4	1	—	—	—	—	—	—	—	1	—	4	5	
		Not quiescent ...	—	—	2	1	—	1	—	—	—	—	—	1	—	3	14	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	TOTALS (non-pulmonary) ...			3	2	17	4	2	8	1	3	4	5	2	7	13	9	36	58

*Note.—Patients whose stay in residential institutions has not exceeded 28 days are no longer included in this Table.

REPORTS of District Medical Officers of Health.

(Abstract of Returns from County Districts).

TABLE V. SANITARY INSPECTIONS (SEPARATE DISTRICTS).

	URBAN DISTRICTS.						RURAL DISTRICTS.				
	No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.		No. of Inspections.	No. of Informal Notices.	No. complied with.	No. of Statutory Notices.	No. complied with.
BLANDFORD ...	58	28	28	—	—	BEAMINSTER ...	589	71	60	2	1
BRIDPORT ...	273	47	47	10	10	BLANDFORD ...	81	5	4	—	—
DORCHESTER ...	1706	36	36	102	98	BRIDPORT ...	21	18	3	—	—
LYME REGIS ...	224	17	17	4	—	DORCHESTER ...	912	52	40	20	16
POOLE ...	18189	671	413	17	10	SHAFTESBURY ...	929	30	26	53	45
PORTLAND ...	877	216	207	8	7	SHERBORNE ...	272	24	18	5	2
SHAFTESBURY ...	168	36	36	20	19	STURMINSTER ...	1532	38	38	—	—
SHERBORNE ...	305	47	47	4	4	WAREHAM ...	1025	25	23	—	—
SWANAGE ...	854	65	65	30	30	WIMBORNE ...	416	27	27	—	—
WAREHAM ...	43	31	29	4	4						
WEYMOUTH ...	3220	139	83	1	1						
WIMBORNE ...	80	10	6	4	4						

TABLE VI. COWSHEDS AND DAIRIES (SEPARATE DISTRICTS).

	URBAN DISTRICTS.								RURAL DISTRICTS.					
	No. of persons on Register at end of 1934.	No. of dairy farms and other dairy premises on Register at end of 1934.	No. of dairy farms inspected during 1934.	No. of inspections during 1934.	No. of Notices served.	No. complied with.	No. of Milkshops inspected during 1934.		No. of persons on Register at end of 1934.	No. of dairy farms and other dairy premises on Register at end of 1934.	No. of dairy farms inspected during 1934.	No. of inspections during 1934.	No. of Notices served.	No. complied with.
BLANDFORD ...	8	8	—	—	—	—	8	12	390	390	99	109	10	10
BRIDPORT ...	27	13	11	24	3	3	4	7	146	155	36	39	—	—
DORCHESTER ...	25	9	9	16	—	—	12	23	233	210	3	3	—	—
LYME REGIS ...	7	6	6	24	—	—	7	28	394	416	416	537	91	84
POOLE ...	226	37	37	231	8	7	—	429	179	179	27	30	—	—
PORTLAND ...	25	21	14	98	60	60	7	37	260	262	86	105	—	—
SHAFTESBURY ...	17	44	15	15	—	—	1	3	302	302	35	35	—	—
SHERBORNE ...	9	9	9	12	3	3	6	24	309	310	309	585	2	2
SWANAGE ...	24	18	12	23	2	2	15	23	341	349	73	81	3	3
WAREHAM ...	3	3	3	12	2	2	—	—						
WEYMOUTH ...	47	79	21	21	1	1	32	38						
WIMBORNE ...	5	5	5	8	—	—	7	14						
BEAMINSTER ...														
BLANDFORD ...														
BRIDPORT ...														
DORCHESTER ...														
SHAFTESBURY ...														
SHERBORNE ...														
STURMINSTER ...														
WAREHAM ...														
WIMBORNE ...														

PORT SANITARY DISTRICTS.

PORT OF BRIDPORT.

MEDICAL OFFICER OF HEALTH—DR. A. PIMM.

No. of coastwise vessels entering port in 1934	...	32
No. of vessels entering port from foreign in 1934	...	31

PORT OF LYME REGIS.

MEDICAL OFFICER OF HEALTH—DR. P. N. COOK.

No. of coastwise vessels entering port in 1934	...	8
No. of vessels entering port from foreign	...	1

PORT OF WEYMOUTH.

MEDICAL OFFICER OF HEALTH—DR. M. J. SAUNDERS.
The Port of Weymouth includes Portland Roads and Weymouth Harbour).

The following table shows the number and registered tonnage of steam and sailing vessels entering Portland Roads and Weymouth Harbour during 1934 :—

		No.	Tonnage.
Coastwise	...	1295	298419
Foreign	...	945	861604
Totals	...	2240	1160023

Supervision of Foodstuffs. The following represents the principal Unsound Foodstuffs destroyed during the year :—

	lbs.		lbs.
Cheese	...	Mayonaise and	
Bacon	...	Salad Dressing	95
Corned Beef	...	Tomatoes	...
...	...	Ham and Liver	70
...	...	Sausages	...
...	...	Chocolates	...
...	...		24
...	...		19½

Weight of unsound foods destroyed :—6 cwts. 17 lbs.

The total number of Rats destroyed during the year were :—

On vessels	...	75
In Docks, Quays, Wharves and Warehouses	...	655
Total	...	730

STATEMENT FROM REPORT OF SANITARY INSPECTOR.
 MR. GEORGE H. SMITH.

Number of Ships inspected in the Port during the year 1934 :—

Where Inspected.		No. of Notices served.	No. complied with.
Weymouth	Portland		
206	576		
Informal Notices	...	122	58
Statutory Notices	...	—	—
Total served	...	122	58

(In many cases one Notice covered Several Nuisances).

PORT OF POOLE.

MEDICAL OFFICER OF HEALTH—DR. R. J. MAULE HORNE,
 M.B., D.P.H.

During the year 1,020 vessels entered the Port from Home Ports; and 174 from foreign Ports. One vessel berthed in the Port, having sailed direct from Oporto, which was within the prescribed period an infected port on account of Small-pox. Three seamen applied for treatment under the International agreement regarding Venereal Diseases and were directed to the nearest treatment centre at Boscombe. Suitable notices are, under this agreement, available for all crews arriving at the Port being issued to the Captain at first call.

